2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

070944

			CERTIFICA	Reg. Diat. No.
1. PLACE OF D County API City or town Her	ryton, by outside city of town	arylar	Q. ORAL and give nearest town)	Salishury Salishury
How inne in above nia	ce of death? 28	days		City or town Salisbury (If outside city or town limits, write RURAL and give nearest town)
Rospital, Institution,	or street address when	e death occurred	1:	Er Belaware Street
Maryland	LTubercu	losis	Sanatorium	(If rural, give LOCATION)
How long in hospital	or Institution? Co	lored	Branch, Henry	t.on.(a) tt veteran, name war
3. (a) FULL NAI				3. (b) Social Security Number
		George	Thomas Baile:	y
4. Sex	5. Color or race	6.(4)5ingi	e, married, widowed, or divorced	MEDICAL CERTIFICATION A
male	col	Si	ngle	20. DATE OF DEATH July 12 19.48 at 9:45 at
6.(b) Name of husbar		6.(c) It allve, give ageye:	
deceased (mo., da)			1, 1930	Immediate cause of death
8. AGE: Yes	ars . Months	Days	If less than one day	Pulmonary Tuberculosis December
18	3 4	21	hrsm	
10. Usuat occupation 11. industry or busin	Tailor	Shop	o. Virginia	Oue to
at 13. Birthplace	The Balla	T. Jak		(Include pregnancy within 3 months of death)
崔 14. Maiden nam	Wariah Virginia	Jenkin	IS.	Major findings ol operations
15. Birthpiace	Virginia			Date of op.
16. Informant	oner-mrs	· Malli	ah Bailey	
17(Burial, cremati	on, or removal. Which	Date the	salisbury Md.	22. VIOLENCE: tf death was due to external causes, filt in the toilowing: Accident, suicide, or homicide
1 23	Story Forton	lone	Charles -	Where did injury occur?
Location	alle			
18. Funeral director	13.1500	ut m	4 W SAON	Meens of Injury injured at work?
Address	Sals	draw	us son	23. SIGNATURE / Ceucher Doffman M. D. or other
19. July (Date rec'd by	12 19 4 registrar)	Cal De	puty Local Registr	Address Henryton, Maryland Date signed 7/12/48

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

JUL 14 1948

BUREAU V. S.

WITH UNF

PLEASE WRITE

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07160

CERTIFICATE OF DEATH

			CERTAI TOTA	Reg. Dist. No.		
1. PLACE OF DEAT		Carrol		2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town(If out How long in above place of Hospital, Institution, or st Springfi	Sykesvi side city or town if death? 9 yr treet address where eld State	lle Minits, Write R	aryland URAL and give nearest town) OS. 14 days	State Maryland County City or town Baltimore City (If outside city or town limits, write RURAL and give Street No. 1720 Lemont Avenue (If russ) give LOCATION) 2.(a) It veteran, name war.	nearest town)	
3. (a) FULL NAME	Arthur	Hampton	n Beecher	3. (b) Social Securi 2/7-18	- /-	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	white	1	married	20. DATE OF DEATH	8 7:34 p.	
6.(b) Name of husband or		5.(Beecher b) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated: that I attended d February 11,	2.81948	
deceased (mo., day, yr.)		17, 18		Immediate cause of death Broncho-pneumonia	OURATION	
8. AGE: Years	Months	Days	It less than one day		3 days	
50	2	11	hrs min.	Old myocardial infarction	4 mos.	
9. Birthplace				Due to		
10. Usual occupation	Laborer	•		Due to		
当 12 Name	James Bee	cher		Other conditions Psychosis with syphilitic		
田田 12. Name	Marylan			meningo-encephalitis (Include pregnancy within 8 months of death)	1939	
	Henr	ietta	Hampton	(Include pregnancy within 3 months of death) Major findings of operations		
≥ 15. Birthplace	Maryla	ind				
	_		ospital records	Autopsy results		
Address Sykesville, Maryland 17. Eurial Date thereof 7/31/48 (Burial, cremation, or removal, Which?) (month) (dsy) (year) Cemetery or crematory Holy Dedeemer Cemetery				22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
				Injured at home, farm, Industry, public place (where?)		
Location Baltimore, Md. 18. Funeral director HENRY SANDER & SONS, INC. Address NORTH AVE. & BROADWAY				Means of Injury Injured 2t work?		
19(Date rec'd by regi	19strar)	••••	Registrat	obtingitera prace mospicar	D. or other ned 7/29/48	

PLEASE WRITE PLAINLY

VS-A15

MARGIN RESERVED FOR BINDING

correct age

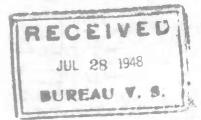
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(7101 Reg. Diat. No. 74

1. PLACE OF DEATH: Carroll County Henryton, Maryland City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Colored Branch	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State		
3. (a) FULL NAME THELMA CELESTINE BOLDEN	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Figural Colored Married (Sep.)	MEDICAL CERTIFICATION 20. DATE DF DEATH. July 26, 19 48 21 5:08P.		
8.(b) Name of husband or wife Authur Bolden 8.(c) It alive, give age 23 years 7. Birth date of deceased (mo., day, yr.) 9. AGE: Years Months Days If less than one day 28. O 6 hrs. min.	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from January 19, 19.48 to July 26, 19.48 and that I last saw h. er alive on July 26, 19.48 lumediate cause of death Pulmonary Tuberculosis DURATION July 1947		
9. Birthplace Baltimore Maryland (Town, county, and state) 11. Industry or business 12. Name Solon Howard 13. Birthplace Maryland	Due to		
14. Malden name Genevera Davis 15. Birthplace Georgia 16. Informant Deceased	(Include pregnancy within 3 months of death) Major findings of sperations		
Address 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral director Address 19. July 26. (Date rec'd by registrar) Date thereot. Date	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide		



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County Carroll information carefully. The of death clearly and legible State Maryland County Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town) Baltimore City or town How long in above place of death? 2 years 2 months 9 days (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: Street No. 760 Bradley Street Maryland Tuberculosis Sanatorium (If rural, give LOCATION) How long in hospital or Institution? Colored Branch Henryton 3. (a) FULL NAME 3. (b) Social Security Number Lenard Bost MEDICAL CERTIFICATION of July 14 19 48 at 3:45 N male Single col 2D. DATE OF DEATH..... item 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife..... 19 46 to July 14 7. Birth date of August 2, 1939 deceased (mo., day, yr.) Supply ease wri Immediate cause of death Months Days Pulmonary Tuberculosis 8. AGE: MARGIN RESERVED Charlotte, N. Carolina (Town, county, and atate) None 1D. Usual occupation..... 11. Industry or business 12. Name Ledell Bost Charlotte . N. Carolina 13. Birthplace (Include pregnuncy within 3 months of deuth) 14. Maiden name Janette Berry 15. Birthplace Rock Hill, S. Carolina Tanetta Bost 14. Maiden name Janette Berry mpor 16. Informant Mother- Mrs. Janette Bost PHYSICIAN: Please underline the cause to which death should he charged statistically. PLAINLY Address 760 Bradley Street. Baltimore. Md 22. VIOLENCE: If death was due to exfernal causes, fill in the following: Date thereof.....7. Accident, suicide, or homicide,.... (Burial, cremation, or removal, Which?) (month) (day) (year) Where did injury occur?(City or town) WRITE

Deputy Loca

P.

DURATION

March

1946

Injured at home, farm, Industry, public piace (where?)

Registrar Address Henryton, Maryland Date signed 7/14/48

Means of Injury

BINDING

FOR

July

(Date rec'd by registrar)

JUL 16 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

07103 Reg. Dist. No. 74

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Carroll	State Maryland County		
City or town (If outside city or town limits, write RURAL and give nearest town)	Politi mono		
How long in above place of death? 3 month, 9 days	(If outside city or town limits, write RURAL and give near	rest town)	
Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium	Street No. 2642 Boone Street		
Henryton, Md.	(If rural, give LOCATION)	1/	
How long in hospital or institution?	2.(a) if veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security N	Yumber	
VIVIAN LOUISE BROGDEN	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
famale colored single	2D. DATE OF DEATH July 2, 19 48	3.45A	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decea March 23, 19 48 to July 2,	19.48	
7. Birth date of	and that I last saw h. er alive on July 2,	19.48	
deceased (mo., day, yr.) May 31, 1932	Immediate cause of death	DURATION	
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis	Jan.	
16 1 2hrsmin.		1948	
Baltimore Md.	Due to		
9. Birthplace Baltimore, Md. (Town, county, and state)			
1D. Usual occupation Scholar	Rue to		
11. Industry or business	840 (
	Dither conditions		
James Brogden 12. Name Virginia			
	(Include pregnancy within 3 months of death)		
	Major fiadings of operations.		
15. Birthplace Virginia	Date of op		
16. Informant Deceased	Autupsy results		
Address	PHYSICIAN: Please underline the cause to which death should be charged a	statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burnal Bate thereof (month) (day) (year)	Accident, suicide, or homicide		
Comptery of crematory My. Calvary	Where did Injury occur?	(State)	
a a Courte and	Injured at home, farm, industry, public place (where?)		
Location (A. C.	Means of injury Injured at work?		
16. Funeral director. Karpur Sandurs	misans of mary		
Address / 412 E. Greston St.	23. SIGNATURE Reuben Affman m. M. D. o	. ک	
19. (Date rec'd by registrar) 19 Deputy Local Registrar	Hammert on Ma	7/2/48	

JUL 6 1948
BUREAU V. S.

PLEASE WRITE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	my (Organil
(If outside city or toon limits, write RURAL and give nearest town)	Slate
V./.	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
noonis, notice of	(If rural, give LOCATION)
	2.(a) it veleran, name war
How long In hospital or Institution?	
3. (a) FULL NAME	3. (b) Social Security Number
A Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	ATTRICAL CERTIFICATION
4. Sex 5. Color or rice 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH. Suly 9 19.48 21/2-30
Clarence & Brown	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife.	21. I CENTIFY THAT GEATH OCCUPYED ON THE BATE ABOVE STATES, THAT I SHOULD BE STATES, TO
	9-1. (65)
7. Birth date of deceased (mo., day, yr.) July 4 1868	and that I last saw have alive on 1977
8. AGE: Years Months Days It less than one day	Imprediate cause of death DURATION
80 - 5 min.	To euca
115.	
9. Birthplace (Town, county, and state)	Due Cellette Trestariles
51	
10. Usual occupation	Due to.
11. Industry or business	
	Other conditions and Vascular
El Maria	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
14. Malden name Charlotte Neyworth 15. Birthplace Md,	Date of op.
Mes Olego, N. Hamuleon	Aptopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Systematile. Mrs.	22. VIOLENCE: If death was due to external causes, till in the tollowing:
17 Bunal Date thereof July 11 1948	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory Springfield Cent,	Where did Injury occur?
Systesnille Ma.	Injured at home, tarm, Industry, public place (where?)
Location	Misens of Injury Injured at work?
18. Funeral director. So Tany / Lew	0-0-1
Address Syscesnille Md.	ha 8 Martin
De la Conference Yrong	23. SIGNATURE M. D. or other
19 July 19 48 States 110 Registrar	Addres andallstones Date signed 3/10/48
(Date rec'd by registrar)	Address



JUL 13 1948

BUREAU V. S.

2411 N. Charles St., Baftimore

07105

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dist. No. 74

					Keg. Dist. No	********
1. PLACE OF DEA'	11	7 3		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of Maryland Cou	mother)	
How long in above place o	f death?	days	RURAL and give nearest town)	State County City or town Baltimore -30- (If outside eity or town limits, write RURAL and give nesrest town) -Street No. 929 Leadenhall Street		
Maryland How long in hospital or i	nstitution? C	osis	Sanatorium Branch	(If rural, give	LOCATION)	V
3. (a) FULL NAME	ROSET		ROWN		3. (b) Social Security 1	Number
4. Sex	5. Color or race	6.(a)Sing	rie, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Female	Colored	S	ingle	20. DATE OF DEATH July 26,	19. 48	8:30 A
		6.	(c) It alive, give ageyears	21. I CERTIFY that death occurred on the date about 19, 19. and that I last saw h. er alive on / Jul	48 , July 26, y 26,	19. 48 19. 48
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death Pulmonary Tuberculos		April
24	10	24	hrsmin.	ruimonary iudercaios		1948
□ 17 Name	Factory	Worke n	acare,	Oue fo		
14. Maiden name 15. Birthplace	Bessie M	ae Lar rolina	ne	Major findings of operations		
16. Informant PIOUN	er- b ess	le mas	Lame	Autopsy results		
(Burisi, cremation,	rial or removal, Which?		reof	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of	
Location	A Co	n	8 Jan Jan	Injured at home, farm, industry, public place (w		
18. Funeral director	Sour	rost	onery 80	Means of Injury 23. SIGNATURE Rouley STOP	Ruse, m.	D.
July 26,	19 48 istrar)	Depi	ity Local Registrar	The state of the s	М. D. с	or other 7–26–48

mation carefully. Whe correct ath clearly and legisly.

MARGIN RESERVED FOR BINDING
WITH UNFADING INK. Supply every item of info

VS A15 9.



MARGIN, RESERVED FOR BINDING

PLAINLY, WITH UNF is especially important.

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07106

CERTIFICATE OF DEATH

DI . N 74

			OBILLII IOIL	L OI BEILLII	Reg. Dist. No	.K
A. PLACE OF DE	EATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
How long in above place Hospital, institution, o	cutside city or town to ot death?	month death occurred losis	Sanatorium	State Maryland County. City or town Vienna (If outside city or town limits, wr Street NoNanticoke Rd. R. (If rural, give LOC	Dorchester ite RURAL and give nea F. D. #3 Box (ATION)	rest town)
		Lored	Branch, Henryt	(a) It veteran, name war		
3. (a) FULL NAM	1E				3. (b) Social Security	
	1 5. Color or race	rlee	Camper , married, withowed, or divorced		144-09-11	62
Male	5. Color or race		vorced	MEDICAL CERT	rification 19 48	7:00 A
		101	101004			
6.(6) Name of husband	d or wife			21. I CERTIFY that death occurred on the date above st June 14 19. 4	ated; that lattended decea	Sed from
4*******************************	400444) It alive, give ageyears	and that I last saw h 1m alive on Jul		
7. Birth date of deceased (mo., day,	vr.) Janu	arv 24	. 1904	and that I last saw h. #.****	J	
8. AGE: Yea		Days	It less than one day	Pulmonary Tubercul	osis	Dec.
4	4 5	22	hrsmin.			1947
10. Usual occupation	Laborer	r	Y _{.e.} Maryland	Other conditions		
Maldan Barri			<u>y</u>			
14. Maiden name	marylan		•	Major findings of operations.		
					Date of op	
16. Informant	eceased	*********************		Autopsy results	death should be charged	statistically.
Address 17(Burial, crematic	on, or removal. Which	Date there	(month) (day) (yar)	22. VIOLENCE: If death was due to external causes, Accident, suicide, or homicide	fill in the tollowing; Bate ot (County)	(State)
1B. Funeral director,	amorra	je,	md.	Msans of Injury 23. SIGNATURE Relief ST.	Injured at work?	7.0
19. July (Date rec'd by	16 19.48 registrar) Dep	uty Lo	cal Registrar	a di	Mr. D. 6	7/16/48

JUL 21 1948 BUREAU V. S.

PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

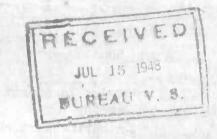
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07107

CERTIFICATE OF DEATH

eg. Dist. No. 74

/			
1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Sykesville	State Maryland County Howard		
(If outside city or town limits, write RURAL and give nearest town)	State County County		
How long in above place of death? 15 years, 4 months, 26 days	City or town (If outside city or town limits, write RURAL and give nearest town)		
Mospilal, institution, or street address where death occurred:			
Springfield State Hospital	Street No. (If rural, give LOCATION)		
How long in hospital or institution? 15 years, 4 months, 26 days	2.(a) It veteran, name war.		
3.(a) FULL NAME Amelia Dorsey	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white married	2D. DATE DF DEATH. July 13, 19 48 ,11.55 P M		
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
T. Birth date of The house of the state of t	January 2, 1942 to July 13, 1948 and that t last saw h er alive on July 13, 1948		
deceased (mo., day, yr.) February 1, 1875 4			
8. AGE: Years Months Days It less than one day	Coronary occlusion DURATION 15 minute		
73 4 5 12hrsmin.	Colonaly occidence		
tanaanaani, mili	concelled antonional annual		
9. Birthplace Washington D. C. (Town, county, and state)	Due to generalized arteriosclerosis		
	abcut 16 years		
10. Usual occupation house work	Due to.		
t1. Industry or business			
Frederick Zuschnitt	Diher conditions Psychosis with cerebral		
12. Name Frederick Zuschnitt 13. Birthplace Germany	arteriosclerosis about 15 years		
	(Include pregnancy within 3 months of death)		
王 14. maiden name	Major findings of operations		
5 15. Birthplace Germany	Dale of op.		
Hospital records	Actorsy results		
Address Springfield State Hospital	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Springiteid State Hospital	22. VIOLENCE: If death was due to external causes, fill in the tollowing;		
(Burial, cremation, or removal. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which:) (month) (day) (year)			
Cemetery or crematory Doubley Cemetery	Where did injury occur? (City or town) (County) (State)		
Location Dorsey me.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. C. Harry Tiker	Means of Injury Injured at work?		
0 0.00 4.0	I then I h		
Address Agherille, Mil.	23. SIGNATURE Viene MEGnice, M.D.		
18, July 14 18 48 C. Harry Weec	Springfield State Hospital 7-13-48		
(Date regul by registrar) Registrar	Address Date signed		



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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07108

			CERT	IFICAT	E OF DEATH Reg. Diat. No.	74	
1. PLACE OF DE	ATE .			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
How long in above place Hospital, Institution, or	of death? 28 street address when	days e death occurred	d URAL and give neares : : Sanatoriu	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give Street No. 641 W. Mulberry St. (If rural, give LOCATION)			
How long in hospital or	institution?				2.(a) If veleran, name war	V	
3. (a) FULL NAMI	E		,	AII]	3. (b) Social Secur	ity Number	
	Roberta	Savag	e Dorsey, married, widowed, of div				
female	Col.		ried ried	MEDICAL CERTIFICATION 20. DATE DF DEATH July 20, 19. 4	8 ,7:45 P		
6.(b) Name of husband or wife Francis Dorsey. 6.(c) If alive, give age 31 7. Birth date of deceased (mo., day, yr.) December 16, 1916					21. I CERTIFY that death occurred on the date above stated: that I attended to June 22, 19.48 10. July and that I last saw her alive on July 20,	20.,1948	
8. AGE: Years		Days	If less than one day	min.	Pulmonary Tuberculosis		
9. BirthplaceDrunhill N. Carolina 10. Usual occupationDomestic 11. Industry or business					Due to		
3. Birthpiace N	. Caroli	na	ess		Other conditions		
E 14. Maiden name.	/irginia				Major findings of operations.		
14. Maiden name Mimie Goodness 15. Birthplace Virginia 16. Informant Deceased Address 17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Location Deceased					Autopsy results		
					22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)	
18. Funeral director	200 A	Jack	na Ane		Msans of injury Injured af work? 23. SIGNATURE Peuleur Diffuser M. M.	D, or other	
19. July 2 (Date rec'd by re	O 19 48	puty	Iocal	Registrar	Address Henryton, Maryland Date sign	ned 7/20/48	



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	0'	71	0	1	,	
leg.	Diat.	No	,		6	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county & arrott	State md. County Carroll
(If outside city or town limits, write RURAL and give nearest town)	City or town Rural Westminster
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Walter Bradford Du	wall 3. (b) Social Security Number none
4. Set 5. Color or race 6. (a Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w married	20. DATE OF DEATH July 23 1948 J. 30 A
5.(b) Name of husband or wife Jina Willer	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(c) If alive, give age 5 years	4 don ago 19 10 July 23 1948
7. Birth date of deceased (mo., day, yr.) 900. 21- 18-61	and that I last saw h seem allve on July 16 1948
8. AGE: Years Months Days If less than one day	Templiate cause of death Orlero Selevies DURATION
86 8 2nrs. min.	V
9. 8 irthptace Caarroll Comp. county, and state)	Due to.
10. Usual occupation, Farmer - Pet.	
11. Industry or business	Due to
	Dther conditions
12. Name George W Divall 13. 8irthplace Carroll Bo. Med.	
	(include pregnancy within 3 months of death)
14. Maiden name mary 600k	Major findings ol operations. Date of op.
Wilmer Dwall	Autopsy results.
Address Church ST. Westminster mid.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B: 1 0 1. 21: 1940	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemetery or crematory Stone Chaple Cemeling	Where did Injury occur?
Location War fields burg mid.	Injured at home, farm, industry, public place (where?)
18. Funeral director XXB and bend your	Meens of Injury Injured at work?
Address Westminster, and.	James T March M. D.
7/24 48 Illus Some	23. SIGNATURE M. D. or other M. D. or other
19. (Date rec'd by registrar) Registrar	Address / Urslumble / Date signed 1/20/40



2411 N. Charles St., Baltimore

632

CERTIFICATE OF DEATH

	1,0
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Sounty	State M. D. COUNTY CARPOLL
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or town WESTMINISTE P (1f outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
nospiral, institution, of sitest address whole death doorseld.	Street No. 2 O PENIV. AVE. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Cornelia Engli	ar NonE
4. Sex S. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FWW	20. DATE OF DEATH 19. 48, a) 7:10Am
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(6) Name of husband or wife	February 19 48 10 July 14 19 48
7. Birth date of	and that t last saw h. e. r. ailve on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediais cause of death
76 11 14min.	5 yrs
& Righting CARROLL Co. IVID.	Due to Departhyoidin
(Town, county, and state)	
10. Usual occupation. No N. 15	Due 10
11. Industry or business	
12. Name	Dther conditions
	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations
	Date of op.
16. Informant Maurice W. Engler	Autopsy results
Address 34 W. main St. Westingston to	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Bu 12. A L Date thereof UV 17.194 L (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) Cemetery or crematory LUTHERAN CEWIETERY	Where did injury occur? (City or town) (County) (State)
0.41	
Location UNIONT OWN, VID.	tnjured at home, farm, industry, public place (where?) Means of Injury Injured at work?
18. Funeral director Al Santeur & Son	
Address Osphiniste md.	23. SIGNATURE Quelius Chapko, M. D.
10 7/16 10 48 Helingsmit	58 W. Wain Westerwester M. D. or other 1/18
(Date rec'd by registrar) Registrar	Address S. O. Date signed

JUL 19 1948
BUREAU V. S.

9-45-15M

PLEASE WRITE PLAINLY, WITH WAF

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

82

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County (AMPRO)	State MARY 19 NO County LARROLL
City or town	
How long in above place of death?	City or town. (if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
DANIEL ENGle	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION Pain 6
MALE Coloned	20. DATE DE DEATH July 10 1948 112:50 FM
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	19
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Cerebral hemorphy
59 6 /min.	
a Richards MARY 19NA	Due to.
9. Birthplace (Town, county, and state)	DUE 10.
1D. Usual occupation	Due to
11. Industry or business	
12. Name	Other conditions
12. Name	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
≥ 15. Birthplace	Date of op.
16. Informant	Antopsy results
Address	
11. Bunia (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, exemption, or removed, Which?) (month) (day) (year)	Accident, suicide, or homicide,
Cemetery or crometery.	Where did injury eccur?
Coallon Mt. Pirey Cannoll B. Md.	Injured at home, farm, Industry, public place (where?)
a m lasta	Means of Injury Injured at work?
18. Funeral director	(25 . 2 - 5 . F
Address Will Field III.	23. SIGNATURE / harah Teputy Melical exercise
July 12 , 48 Shu Dhurder	Ash Lucial M. D. or other
(Date rec/d by registrar) Registrar	Address Date signed Date signed

JUL 13 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

07112

CERTIFICATE OF DEATH

eg, Dist. No. 94

/					
1. PLACE OF DEATH: Carroll County Sykesville, Maryland			2. USUAL RESIDENCE (HOME) Of	F DECEASED:	
			Slate Maryland Cou	oty	
City or town. Sykesville, Maryland (If outside city or town limits, write RURAL and give nearest town)					
How long in above pl	ace of death?		Cily or town Baltimore C	, write RURAL and give ne	ereat town)
	or street address where eld State H		Street No. 71 mh	473 C. Jan	vale st
			(If rurel, give	LOCATION)	V
3. (a) FULL NA			2.(a) II veteran, name war	1 0 (2) 6 - 16 1	3.1
J. (a) TOLL HA		Leona Frank		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	PETELCATION	
female	white	single	1 0	ERTIFICATION	h. 2 P
Temate	MILLOG	SINGLE		30 1148	
6.(b) Name of husba	and or wife		21. I CERTIFY that death occurred on the date abo	ive stated; that I attended deci	eased from
		6.(c) Il alive, give ageyea	March 15 V	18 10 July 3	19 48
7. Birth date of		, 1910	and that I last saw h @ 1alive on	1, 30 V A	19.48
deceased (mo., da 8. AGE: Ye	ears Months	Days It less than one day	Immediate cause of death	(1013	DURATION
	38 2		Julmoney Willer	Eurous	Truos
			<u> </u>		
9. Birlhplace	Maryland	county, and state)	Due to	***************************************	
10 Heard securation	S	tenographer			
			Due to	***************************************	
and the same of th	Tohn The		- 5.1	10	11 1111
	John Fra		Diher conditions Scheroste	uenca	11 900
			(Include preguancy within 3 r	nonths of death)	
Bertha Rushmeyer 14. Maiden name Bertha Rushmeyer 15. Birthplace Maryland			Major fiedings of operations	***************************************	
15. Birthplace Maryland					
16 Interment Sp	ringfield S	tate Hospital records	Actorsy results		
Address Sykesville, Maryland			PHYSICIAN: Please underline the cause to wh	nich death should be charged	statistically.
1			22. VIOLENCE: If death was due to external cau	ses, fill in the following;	
17(Burial, eremat	ion, or removal. Which?	Date thereof (month) (day) (year)	Accident, suicide, or homicide	Date of	.,.,
Cemelery or crem	Node	. 41.00	Where did Injury occur?(City or town)	(County)	(State)
A B Pa mad					(100000)
yerry 1 - 1 Sec		Means of Injury	tnjured at work?		
18. Funeral director	1 100 Ll	on a	1 10 41	9	1 1. 0
Address	11/14	Reef At.	- 23. SIGNATURE Joseph H.	Marshelf	, M. A.
19 Justy	3/ 19148	E. Harry Elsen	Springfield/State Hos	spital M. D.	7. 31-49
Date rec'd by	registrar)	Registra	Address Sykesville, Mary	LandDate signed	1- 31-71

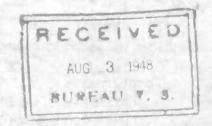
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MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE



PLEASE WRITE

(correct) age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

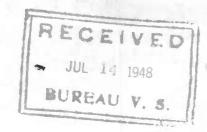
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1	9	- 10	
1	-		

07113

Reg. Dist. No. 74

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	7n)
City or town Henryton, Maryland (If outside city or town-limits, write RURAL and give nearest town) How long in above place of death? 8 months 5 days Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Colored Branch, Henryto 7 2.(a) If veteran, name war.	7n)
How long in above place of death? 8 months5 days Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Colored Branch, Henryto 12.(a) If veteran, name war.	V
Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or Institution? Colored Branch, Henryto 12.(a) If veteran, name war	V
Maryland Tuberculosis Sanatorium (If rural, give LOCATION) How long in hospital or institution? Colored Branch, Henryto 12.(a) If veteran, name war	V
How long in hospital or institution? Colored Branch, Henryto 2.(a) If veteran, name war.	~
O / PHIL WAME	
3. (a) FULL NAME	7
Ida Gordon	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION	A.
female col Married 20. DATE DF DEATH July 10 19 48, 21 19	2:10,
6.(b) Name of husband or wife Phillip Gordon 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
S (c) If all the give age	
7. Birth date of and that I last saw h	
Immediate cause of death	uration and
	947
9. Birthplace Macanie, Virginia Due to	
1D. Usual occupation Housewife Due to.	
11. Industry or business	
12. Name Bernard Williams Dither conditions 13. Birthplace Virginia 14. Name Dither conditions 15. Name Name	
13. Birthplace Virginia (Include pregnancy within 3 months of death)	
14. Maiden name Minnie Thomas 15. Birthplace Virginia Deceased	
15. Birthplace Virginia Date of op.	
16, Informant Deceased Autopsy resolts.	
PHYSICIAN: Please underline the cause to which death shoold he charged statistics	lly.
Address \\ \(\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year) Accident, suicide, or homicide. Date of	
Where did Injury occur?	
Cemetery or crematory (City or town) (County) (State	
Location Means of Injury Injured at work?	
18. Funeral director Missins of Injury	
Address / 2 9 Ca I NAE a souther layley toknow m. D.	
M. D. or other	
19. July 10 19. 48 (Date rec'd by registrar) Local Deputy Registrar Address Henryton, Laryland Date signed 7/	10/48



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07114 Reg. Diat. No.

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State / 10 Ryland - County Carroll
How long in above place of death? 7.10. 22 DA.45.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Long View Nursing Home.	Street No(If rural, give LOCATION)
How long in hospital or institution? 7 Mo 22 Days	2.(a) If veteran, name war
3. (a) FULL NAME	
HARRIET (Traves.	3. (b) Social Security Number
	Your
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female while willowed	20. DATE OF DEATH July 26 1848, at 6 A.M
G.(b) Name of husband or wife Angels	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	December. 4 1947, 10 July 26 1948.
7. Birth date of	and that I last saw hand alive on July 25 19.48
deceased (mo., day, yr.) JANUARY 19 1862	
8. AGE: Years Months Days If less than one day	Immediate agree of death DURATION ?
86 6 7nin.	
9. Birthplace Cumberland, Med.	Due to / / / / / / / / / / / / / / / / / /
9. Birthplace. (Town, county, and state)	arteriosclevotic Carlio-Vasculas:
10. Usual occupation	Disease
11. Industry or business	Dec 10.
12. Name Markethan Jahranda 13. Birthplaco Wary Para	Other conditions
13. Birthplaco Wary Land	(Include pregnancy within 3 months of death)
14. Majden name Sund Lungh	
15. Birtholace Mary Card	Major findings of operations.
	Date of op.
16, Informant	Autopsy results
Address Mess Educario Mis	7
17 Burial Date thereof 7 128 148	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cremation, or removal. Which?) Date thereof (mogth) (day) (year)	Accident, suicide, or homicide
Cemetery or cromatory for factory and the second of the se	Where dld injury occur?
Location Added the	Injured at home, farm, Industry, public place (where?)
18. Funeral director & O Hartster & Love	Mesons of Injury Injured 2t work?
Alexander of the second of the	1 15 6 115.00
detession medge their dugling the	23, SIGNATURE TOURS COURT HILL
July 28 1948 Mrs. W. P. J. Denne	M. D. or other
(Date r(c'li hy registrar) Registrar	Address Heavy alead Med Date signed 7-26-48.

AUG 2 1948.

BUREAU K. S.

FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07115

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County			•••••	State Maryland County			
			RURAL and give nearest town	Baltimore on			
			months 8 days	City or town (If outside city or town limits, write RURAL and give near	City or town. (If outside city or town limits, write RURAL and give nearest town) 221 N.Bruce Street		
			ed:	221 N.Bruce Street			
Maryland	Tuberculo	sis Sar	natorium	Street No	/		
	UC	Tolled 1	Branch, Henryton, Md	2.(a) if veteran, name war	1/		
3. (a) FULL NAM				3. (b) Social Security N	umber		
. ()		BEATI	RICE MILDRED GRAY				
4. Sex	5. Color or race		gle, married, widowed, or divorced	MEDICAL CERTIFICATION			
					7.75 A		
Female	Col.		Separated		7:15		
6 (h) Name of bushand	or wifeWill	iam Gra	ay	21 LERTIFY that death occurred on the date above stated; that lattended decease March 2017	ed from		
			(c) If alive, give age		197.5		
7. Birth date of	Jani	ary 1,		and that I last saw h alive on July 28	1940		
deceased (mo., day,	11-7			Immediate cause of death. The property and the cause of death.	OURATION		
8. AGE: Years	Months	Days	If less than one day	Pulmonary Tuberculosis	May		
43	6	27	hrs min.		194 4		
Gr	eenville,	N.Caro	Lina	Que to	4		
9. Birthplace(Town, county, and state)							
Domestic 1D. Usual occupation				Directo			
11. Industry or busines	s			DUC 10			
TO	mes Barry	7	1	Other conditions			
12. Name	N.Carolir	na	L,		***************************************		
	Martha I		H. C.	(Include pregnancy within 8 months of death)			
王 14. Maiden name			***************************************	Major findings of operations			
14. Maiden name 15. Birthplace	N.Carol	ina		Date of op.			
De	ceased			Autopsy results			
16. Informant			***************************************	PHYSICIAN: Please underline the cause to which death should he charged st	tatistically.		
Address On			4 /. /	22. VIOLENCE: If death was due to external causes, fill in the following;			
17 Shy	Epel	Date the	ereof 7/29/48	Accident, suicide, or homicide			
(Burial, cremation	or removal. Which	h?)	(month) (day) (year)				
Cemetery or crematory				Whera did Injury occur? (City or town) (County)	(State)		
Location	reeps	regle	2 11, 5	Injured at home, farm, Industry, public place (where?)			
	Ch o	MOA	Roxan	Means of Injury Injured at work?			
1B. Funeral director	2 9 7	7		7 1 5/00			
Address 802 Madeson are			son are	23. SIGNATURE Cuken TOH wan m. C	<u>.</u>		
July 28	48	3. all	al R dwanphase	M. D. 61	other		
(Date rec'd by re		Deputy	LOCAL Registrar	Address Henryton, Maryland Date signed	.7/28/48		



VS A15

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Reg. D	 N.			14-

MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn/infants give residence of mother)
County	MA
(If outside city or town limits, write RURAL and give nearest town)	led a let
How long in above place of death?	City or town
Hospital Institution, or street address where death occurred:	50 x 6 x 1 my stal x 11
How long in hospital for institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war.
Grace	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
W Harried	20. DATE OF DEATH 1948, 21 8 M
6.(b) Name of husband or wife Parkel Lings	21. I CERTIFY that death occurred on the state above stated; that Nattender deceased from
8.(c) It/alive, give/age years	July 13 th 19 4 10 July 27 19 4 1
7. Birth date of deceased (mo., day, yr.) Week 19th - 178	and that I last yaw h
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
667 9	Chance Harris Alla 9 M.
Baltie Sand :	
9. Birthpiace (Town, eounty, and atate)	Due to Oak A D A
1D. Usual occupation	Que of the lase Regurgulation 2 yeu
11. Industry or bysness A Atomile	
12. Hame Allian Gg Nen	Other conditions They eller
2 13. Birthplace 3 Ally	(Include pregnancy within 3 months of death)
14. Maiden name Muly Myly	Major fiodiogs of operations.
\$ 15. Birthplace of Salter Min.	Date of op
16. Informany askery Drossy	Autopsy results
Address 33/6 St. Cumhose Bally	PHYSICIAN: Please underline the cause to which death should he charged statistically.
17. Burial Date thereof. 8/2/48	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (fear)	Accident, sulcide, or homicide
Cemetery or crematory and Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Carkwille Balfo. Co. mul-	Injured at home, farm, Industry, public place (where?)
18. Funeral director & Vernen Lemman.	Meane of injury Injured at work2
Address 4611 Park phighp ave.	M. Mastin M.D.
. rup 2 . 48 a W. Hedresh	23. SIGNATURE. M. D. or other
(Date ree'd by registrar)	Address Malswill Mr. Date signed 2 91 4 8

2411 N. Charles St., Baltimore

942

Re

		641
g.	Dist.	No. 76

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Darke County Coun	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Ma. County Castroll City or town Western (1f outside gity or town limits, write RURAL and give nearest town) Street No. 182 W. Main (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
Teorge Crnest Hambr	uch 120-22-3755
6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 700. 11 - 1886	and that I last saw h alive on 19
8. AGE: Years Months Days It less than one day 28hrsmin.	Immediate course of death Cornery Few
9. Birthplace Wheeling W. VA.	Oue to
10. Usual occupation Flaint - Jussing man	Due to
11. Industry or business 12. Name	Other conditions
16. Informant Wilhemenia Stambruch	Actopsy resolts
Address 182 W. Main Wistminston Med. 17. Burial cremation, or removal. Which?) Cemetery or crematory Meddow branch Gem. Location Junior Lovery Rd. Wietminston Med.	PHYSICIAN: Please moderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was one to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Um. J. Dickmen Jan	Means of Injury Injured at work?
Address Balto M 19	Address Web Transport Survey Control

JUL 12 1948

BUREAU V. S.

07120

Walter Harris 4. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced MEDICAL CERTIFY Male Col. Single 6. (b) Name of husband or wife 20. DATE OF DEATH. July 24 21. ICERTIFY that death occurred on the date above stated July 14 19 48 21. ICERTIFY that death occurred on the date above stated July 14 19 48 22. Arg. and that I last saw h im alive on July 24 33. Birthplace (mo., day, yr.) April 2, 1900 34. AGE: Years Months Days If less than one day 35. Birthplace Chattanooga, Tennessee 36. Birthplace Chattanooga, Tennessee 37. Birth date of death Pulmonary Tuberculosis 38. Birthplace Chattanooga, Tennessee 39. Birthplace Chattanooga, Tennessee 30. Due to 30. Date of DEATH. July 24 31. Lemediate canse of death 32. Pulmonary Tuberculosis 33. Birthplace Chattanooga, Tennessee 34. Birthplace (uknwon) 35. Birthplace (uknwon) 36. Birthplace (uknwon) 37. Birthplace (uknwon) 38. AGE: Years Months Days If less than one day 39. Birthplace (uknwon) 39. Birthplace (uknwon) 30. Bartender Due to 30. Date of DEATH. July 24 31. ICERTIFY that death occurred on the date above stated July 14 31. Birthplace canse of death 31. Birthplace (uknwon) 32. Birthplace (uknwon) 33. Birthplace (uknwon) 34. Maiden name Carolinae Villiams 35. Birthplace (uknwon) 36. Birthplace (uknwon) 37. Birth date of death occurred on the date above stated July 24 32. Licertify that death occurred on the date above stated July 14 34. Ade that I last saw h im alive on July 24 34. Accident, suicide, or homicide 36. Birthplace (uknwon) 37. Birth date of death 38. Birthplace (uknwon) 38. Birthplace (uknwon) 39. Birthplace (uknwon) 30. Bartender Due to 30. Bartender	URAL and give nearest to	own)	
3. (a) FULL NAME Walter Harris 4. Set Name of husband or wife Single 6. (b) Name of husband or wife Single 6. (c) Hallve, give age Sirbh date of deceased (mo., day, yr.) April 2, 1900 8. AGE: Years Months Days If less than one day Clown, county, and state) 10. Usual occupation. Bertender 11. Industry or business 12. Name Walter Harris 13. Birthplace (uknwon) 14. Malden name Carolinae Williams Major findings of operations. MEDICAL CERTII 20. DAYE of DEATH July 2/. 21. LEERIFY fhat death occurred on the date above stated July 1/. 19. Wand fhat I last saw h. ill. alive on July 2/. Immediate cause of death. Pulmonary Tuberculosis. Due to. Under the conditions. Due to. Other conditions. Circlude pregnancy within 3 months of the cause to which death of the conditions. Comment of the cause to which death of the conditions. Comment of the cause to which death of the conditions. Comment of the cause to which death of the conditions. Comment of the cause to which death of the conditions. Comment of the cause to which death of the conditions. Comment of the cause to which death of the conditions. Comment of the cause to which death of the conditions. Comment of the conditions of the cause to which death of the conditions. Comment of the conditions of the cause to which death of the conditions of the conditions. Comment of the conditions of the condition	(14)		
A. Sex	Social Security Number	er	
6.(b) Name of husband or wife 5.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) April 2, 1900 8. AGE: Years Months Days If less than one day 4 8 2 22			
6.(b) Name of husband or wife 5.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) April 2, 1900 8. AGE: Years Months Days If less than one day 4 8 2 22	10 /8 - 7	7	
Immediate canse of death Pulmonary Tuberculosis	July 24	194	
10. Usual occupation. Bartender 11. Industry or business 12. Name. Walter Harris 13. Birthplace (uknyon) 14. Malden name. Carolinae Williams 15. Birthplace (unknown) 16. Informant. Deceased Address 17. Autopsy results. PHYSICIAN: Please noderline the cause to which deal Address 18. Informant. Deceased Autopsy results. PHYSICIAN: Please noderline the cause to which deal Address 19. Accident, suicide, or homicide. Where did injury occur? (City or town)	· ·	_	
14. Maiden name Carolinae Williams 15. Birthpiace (Unknown) 16. Informant Deceased Address 17. (Buwas Fremation, Wempys) Which?) Cemetery or crematory. Cemetery or crematory. (City or town)			
Autopsy results. Autopsy results. PHYSICIAN: Please moderline the cause to which deal PHYSICIAN: Please moderline the cause to which deal 22. VIOLENCE: If death was due to external causes, fill Accident, suicide, or homicide. Where did injury occur? (City or town)	-	*******	
Address 11. Bate fhereof. (month) (day) (feat) Cemetery or crematory. (City or town)	Major findings of operations		
Date thereof (month) (day) (year) Cemetery or crematory (City or town)			
Maril I Clarical Control of the Cont	Date of		
Moore of Injury	Injured at work?	••••••	
18. Funeral director. Address /3 0 3 Plas June 1. 23. Signature Peulau Myan. 19. July 24. 18 48	w, m.D. or othe	er	

MARGIN RESERVED FOR BINDING

9-45-15

VS-A15



1. PLACE OF DEATH: (If outside city or town limits, write RURAL and give nearest information carefully of death clearly and 3. (a) FULL NAME 5. Color or race 4. Sex ADING INK. Supply every item of Physicians: please write the causes 6.(b) Name of husband or wife. .6.(e) If alive give age 7. Birth date of deceased (mo., day, with Months It less than one day Years, 8. AGE: 9. Birthplace..... 1D. Usual occupation. 11. Industry or business important 13. Birthplace WRITE

BINDING

RESERVED FOR

ARGIN

PLEASE

N

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

07118

Reg. Dist. No. 74

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn integers give esidence of mother)
	State DUL 9 County 1
12a	City or town (If outside city or town limits, write RURAL and give nearest town)
1.4	Street No.
fula	(If rurul, give LOCATION)
200	2.(a) If veleran, name war
00	Handle 3. (b) Social Security Number
ed /	MEDICAL CERTIFICATION
4	20, DATE OF DEATH SILLY 24 1948, 21 7-35 P
nade	21. 1 CERTIFY that death occurred on the date above slated; that Vattender deceased from
	All 1 1043 10 July 24 194 /-
fears	and that I last sawhan alive on Janes 24 19 48
	Immediate cause ul death DURATION
min.	Corgnary promposes 1/2
	Due to
	Due to Circuit Cleures 1/ yr
	Other conditions
	(Include pregnancy within 3 months of deuth)
2	Major findings of operations.
	Date of op.
11	Autopsy results
	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
100	22. VIOLENCE: It death was due to external causes, fill in the following:
(year)	Accident, suicide, or homicide
2	Where did Injury occur?
W.	Injured at home, tarm, industry, public place (where?)
	Means of Injury Injured at work?
1	W/ XX + m
7.	23. SIGNATURE MAN / / / / / / / / / / / / / / / / / / /
Lee	M. D. grother 116
Registrar	Address A Plantill Date signed Ly



PLEASE WRITE PLAINLY

VS A15

				1	27
MARVIAND	STATE	DEPARTMENT	UE	HEALTH !	16 c
MARILAND	SIAIL	DEFARIMENT	UL	DEALID	

2411 N. Charles St., Baltimore

0711!

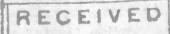
CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
				state Maryland xxxxx				
			URAL and give nearest town)	Boltimore				
How long in above place	of death?Sinc	e May	11, 1937	(If outside city or town limits,	, write RURAL and give no	eareat town)		
Hospital, Institution, or			i: al	Street No.				
			y 11, 1937	(If rural, give		V		
		TYP: C WIG	V	2.(a) If veteran, name war				
3. (a) FULL NAME					3. (b) Social Security	Number		
	, Herbert							
4. Sex male	5. Color or race white		e, married, widowed, or divorced Orced	MEDICAL CE	ERTIFICATION			
mare	WIII CE	aiv	orcea	20. DATE OF DEATHJuly 10	19128	11.30 Am		
				21. I CERTIFY that death occurred on the date above				
				September 1 19.1				
7. Birth date of		1	c) ff alive, give ageyears	and that I last saw h im alive on				
deceased (mo., day, yr	344		885	Immediate cause of death				
8. AGE: Years 63	Months	Days	tt less than one day	General Paralysis of	the Insane	ll yrs		
9. Birthplaceunl	known		state)	Due to Syphilis ?				
						*** 10		
1D. Usual occupation	prizeii	gnter		Due to	***************************************	***		
11. Industry or business					*******************************	**		
12. Name Lat		bert		Other conditions				
E	Tobithe F	mane		(Include pregnancy within 3 m				
14. Maiden name 15. Birthplace		X.8119		Major findings of operations.				
≥ 15. Birthplace =	-		<u> </u>		Date of op			
16. Informant Spr.	ingfield S esville, M		ospital records	Aulopsy results				
Address Syke 17. Buil (Burial, cremation,			eof July 12, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external caus				
(Burial, cremation,	or removal. Which?)	P. S.	(month) (day) (year)	Accident, suicide, or homicide				
Cemetery or cremator	Jonnegt	cell i	Hospe, aune.	Where did Injury occur?(City or town)	(County)	(State)		
Location	System	lle	ma,	Injured at home, farm, industry, public place (wh		*****		
	College	w It	eu	Means of Injury	injured at work?	ans entrement		
18. Funeral director		1	70.3	4	1	1. 2		
A (ystesrille		Mary Heer	23. SIGNATURE Martin Gros	SS. M. D. M. D.	or other		
19. July	2 19 48	· C	Registrar	Address Sykesville, Maryla	and Date stoned	7/10/48		

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JUL 15 1948

BUREAU V. S.

MARGIN RESERVED FOR BINDING

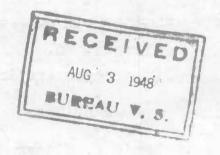
MADVIAND	STATE	DEPARTMENT	OF	HEALTH
MAKILAND	SIAIL	DEPARTMENT	Ur	HEALIE

2411 N. Charles St., Baltimore

47d

CERTIFICATE OF DEATH

1 PLACE OF DE	Commoll		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
City or town. Wakefield. (If outside city or town limits, write RURAL and give nearest town)			State Maryland County Carroll				
How long in above place	of death?	6 years	City or town(If outsi	de city or town limits	d, write RURAL and give neare	st town)	
Hospital, Institution, or	street address where	death occurred:			or R.D.		
***************************************		•••••		(If rural, give			
How long in hospital or	r Institution?		2.(a) It veteran, name war.	none	······································		
3. (a) FULL NAM	E				3. (b) Social Security N	umber	
		Jacob Littleton H	ess		none		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced		MEDICAL CE	RTIFICATION		
male	white	married	2D. DATE DF DEATH	July 9	1948	12:20 R.	
6.(b) Name of husband	or wife Mad	eline S. Hess			ve stated; that I attended deceas		
,		6 (c) It alive give and 57	NEC 10	19.5	47 , 10 July 9	19.48	
T. Birth date of	3.6		and that i last saw h. A.	evalle on De	ly 8	18 48	
deceased (mo., day,)	yr.) IVIAII*	cn 23, 10/0	Immediair cause of death			DURATION	
8. AGE: Years		Days It less than one day	Nose	oura o	e leveres-	64cks	
72	3	16 hrsmln					
	Towso	n. Md.	Due to 1100a	Moses 7	ou hassoma	*******************	
9. Birthplace		n, Md.	DO CO	D		•••••	
1D. Usual occupation	Contra	ctor (retired)		T.T. 24	***************************************	*********************	
11. Industry or busines			Due to		••••••		
		E. Hess			***************************************		
E	Maryl		Dther conditions	************************			
			(Include	pregnancy within 3 m		4	
岩 14. Maiden name.	Annie	E. Wisner	Major findings of operation	ou auputo	tion of asuc.	- Hyramor	
14. Maiden name.	Mary	land	Loclas	Aoscon	a Dale of op. 03	ce. 18 4	
16. Interment	Mrs. Ja	cob L. Hess	Autopsy results				
			PHYSICIAN: Please unde	erline the cause to wh	ich death should he charged st	atistically.	
Address	Wakefie		22. VIOLENCE: It death	was due to external caus	ses, till in the tollowing;		
Date thereot 7/12/48 (Burial, cremation, or removal, Which?) Cemetery or crematory Prospect Hill Cemetery					Date of		
						(State)	
		, Md.		ustry, public place (wh	tere?)		
18. Funeral director	J. Fra	ncis Reese	Means of Injury	0	Injured at work?		
Address	Westmi	nster, Md.	9	1	R. , (nes	17	
0 0	0 1/ 0	5 1116	23. SIGNATURE	- Leelee	M. D. or	other .	
19. July	19.78	Margaret 1. luglar	1 Posts	unter.	- Med, Bate signed	719/48	



WRITE

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits write KURAL and give gearent town) How long in above place of death? How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary County County City or town
3. (a) FULL NAME	3. (b) Social Security Number
Thomas & Herron	none
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced male white single	MEDICAL CERTIFICATION 20. DATE DE DEATH. July 30 - 19 48 21 1:20 3
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of years	and that I last saw h 4300 alive on July (2/9 1949
deceased (mo., day, yr.) blee 23 - 1872	Immediate cause of death
8. AGE: Years Months Days — It less than one day	
7.5 7 7hrs,min.	Commany Caplusian
9. Birthplace Carroll County, and state)	Oue to.
a talini	
10. Usual occupation	Due to
11. Industry or business	
12. Name Milton Hisson 13. Birthplace Maryland	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Elizabeth Stem	Major findings of operations.
14. Maiden name Elizabeth Stem	major madings of operations. Date of op.
2. Su 11. 9 24 2. Time	
Address Place De Budgle R. W. Whd.	Antopsy results
	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Buriat, cremation, or removal, Whicha) Oate thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Super Tokella Galmething	Where did Injury Occur?
Location Uniantown Road	Injured at home, farm, Industry, public place (where?)
18. Funeral director DD Hartaler T Long	Means of Injury Injured at work?
Addison Bridge 4 New Windson Md	23 SIGNATURE D. IN. Lega
(Date recycli by registrar)	Address Address Drewy Date signed 2-30-48

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BUREAU V. S.

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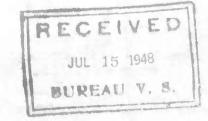
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Date rec's by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) City or town How long in above place of death?.. Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or Institution?. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH death occurred on the date above stated: that I attended deceased from 7. Rirth date of deceased (mo., day, yr.) if less than one day 8. AGE: Town, county, and state! 11. industry or business 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 16. intermant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fili in the following: Accident, sulcide, or homicide..... (Burial, cremation, or removal, Which) Where did injury occur?(City or town) Cemetery or crematory Injured at home, farm, Industry, public place (where?) Injured at work? 18. Funeral director Address M. D. or other



Unknown

Reg. Dist. No. 74

3. (b) Social Security Number 214-05-3723

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) carefully. The County Garroll Maryland Henryto, Maryland (If outside city or town limits, write RURAL and give nearest town) Baltimore -1-How long in above place of death? 3 days (If outside city or town limits, write RURAL and give nearest town 437 W. Biddle Street Hospital, institution, or street address where death occurred: Maryland Tubercilosis Sanatorium (If rural, give LOCATION) How long in hospital or institution? Colored Branch information c 3. (a) FULL NAME LEROY HUMPHRIES 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 4. Sex Male Colored Single 20. DATE OF DEATH July 25 , 19 48 at 5:40 P. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from September 11, 1903 deceased (mo., day, yr.) Immediate cause of death..... if less than one day Months Pulmonary Tuberculosis 8. AGE: 10 s. Birthplace Gaffney, S. Carolina (Town, county, and atate) In Usual occupation..... 11. Industry or business Peter Humphries Peter Humphries
13. Birthplace Gaffney, S. Carolins (Include pregnancy within 3 months of death) 14. Maiden name Betty (unknown) 15. Birthplace Gaffney. S. Carolina Sister- Altie Thomas PHYSICIAN: Please underline the caose to which death should be charged statistically. 1019 Madison Ave., Balto., Md. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur?(City or town) WRITE tniured at home, farm, industry, public place (where?)

BINDING FOR RESERVED MARGIN

Registrar | Address Henryton, Maryland

JUL 29 1948

07125

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Reg.	Diat.	No.		74

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

/						
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) C (For newborn infants give residence of	OF DECEASED:	
Countracting	Henryton, Maryland			State Maryland County.		
City or town Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 month, 18 days			RURAL and give nearest town)			
			18 days	City or town (If outside city or town limit	(30)	arest town)
Hospital, Institution,	, or street address where	death occurre	d:	824 S. Sharp S	St.	
Maryland Tuberculosis Sanatorium				(If rural, giv	e LOCATION)	. /
How long in hospita	of Institution?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.(a) If veteran, name war.		V
3. (a) FULL NA					3. (b) Social Security	Number
J. (a) 10LL 117		aron F	Edwin Jackson		J. (b) Ducial Deculity	Number
	AND INC.				213-12-63	12
4. Sex	5. Color or race	6.(a) Sing	le, married, widowed, or divorced	T		
male	Col.	man	ried	20. DATE OF DEATH July 20	1948	10:35A
	ma-s	Tables		21. I CERTIFY that death occurred on the date at		
	and or wife Edna		4.00	June 2,	48 uly 20	. 19.48
		6.	(c) If alive, give age 48 years	and that I last saw h im alive on ul	7 20	48
7. Birth date of	ay, yr.) May 12	. 1896		/		
	ears Months	Days	If less than one day	Pulmonary Tubercul	neis	Dec.
	2 2	0	hrsmin.		LOBIB	
5		8				1947
9. Birthpiace B	altimore,	Maryl	and state)	Due to		
	(Town	, eounty, and	state)			
10. Usual occupati	. Laborer		•••••	Due to		***
11. Industry or bus	iness			oue to		
# 12. Name	evi Jackso	on		Dther conditions		
EL 12. Name	Maryland		****			
		1. 22	_	(Include pregnancy within 3 months of death)		
물 14. Maiden na	Minnie Minnie	addox		Major findings of operations	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
E 15. Birthplace	Maryland			Date of op.		
T	eceased			Autopsy results		
16. Informant	oceaseu			PHYSICIAN: Please underline the cause to v	which death should be charged	statistically.
Address			^	22 YIOLENCE: If death was due to external ca	aueae fill in the following:	
10 /3	Jurial	Nate the	1001 July 25-	Accident, suicide, or homicide		
(Burial, crema	tion, or removal. Which	IMO RE	rent (dw) (rear), RI			
Cemetery or crematory			and the state of t	Where did injury occur?(City or town)	(County)	(State)
	(3)	1/8	Celu	Injured at home, farm, Industry, public place (where?)	
Location	0	A Comment of the Comm		Means of injury	Injured at work?	
18. Funeral directo	or James	ua	andayes	means of injury	A -	
Address	0142	wo	till &	23. SIGNATURE / Clealery 7	Offman m	
, July	20 .48	11	1/26 R Sova II.		7/1 M. D.	or other
19. (Date rec'd b		Uda	Registrar	Address Henryton, Mary.	Land Date stgned	7/20/48

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PLEASE WRITE

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/			CERTIFICAT	TE OF DEATH Reg. Diat.	. No. 74
How long in above place Hospital, institution, or Marvian	roll ryton, Manual Man	ar 9 leath occurred losi s	Sanatorium	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Carol City or town Federalsburg. (If outside city or town limits, write RURAL and Street No. (If rural, give LOCATION) 1.(a) If veteran, name war.	d give nearest town)
3. (a) FULL NAM	E	lwin	S. Johnson		Security Number
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATI 20. DATE DF DEATH. July 13	
6.(b) Name of busband	or wife		:) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that latte October 6, 1946, 19 46, to Ju and that I last saw h. 1m alive on July 13	ly 13 19 48
7. Birth date of deceased (mo., day, 8. AGE: Year	s Months 4	1912 0ays 7	If less than one day	Immediate cause of death Pulmonary Tuberculosis	
9. Birthplace		rg, Ma	ryland	Due to	
12. Name AT		lips		Other conditions (Include pregnancy within 3 months of death) Major findings of operatious	03.
16. Informant Deceased Address 17. Surval (Burlal, cremation, or removal, White) Date thereof. 7/17/48 (month) (day) (year)				Autopsy results PHYSICIAN: Please underline the cause to which death should be 22. VIOLENCE: If death was due to external causes, fill in the follow Accident, suicide, or homicide	e charged statistically.
Cemetery or cremai Location	deralis Ledera 13 19 48	function of	ston ston ung, mp.	Where did Injury occur? (City or town) (County Injured at home, farm, Industry, public place (where?) Means of Injury Injured at 23. SIGNATURE Realess Henryton, Maryland Danger Address Henryton, Maryland Danger Address Henryton, Maryland Danger Da	

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

WITH UNF important.

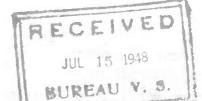
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UNFADING INK. Supply every item of information carefully. The

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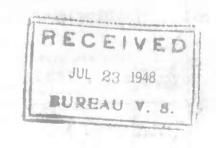
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MARGIN RESERVED FOR BINDING

07127

CERTIF	ICALE OF DEATH Reg. Diat. No. 74
1. PLACE OF DEATH: county Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Henryton, Maryland (If outside city or town limits, write RURAL and give nearest to	state Maryland County
(If outside city or town limits, write RURAL and give nearest to	City or town Baltimore
How long in above place of death? 1 month 27 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium	Street No. 2427 S. Paca Street
Maryland Tuberculosis Sanacolium	(If rural, give LOCATION)
	nryton _{2.(a)} If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Johnson Jr. 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICILE CERTIFICATION
male col Single	20. DATE DF DEATH JULY 21 18 48 15:45
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 19. 48 to July 21 19. 48
	years and that I last saw h im alive on July 21
7. Birth date of deceased (mo., day, yr.) November 13, 1920	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
o. AGE.	Pulmonary Tuberculosis Dec.
27 8 8hrs.	min. 1943
9. BirthplaceBaltimore Maryland (Town, county, and atate)	Oue to
10. Usual occupation Laborer	Due to
11. Industry or business	
E 12. Name William Johnson Sr. 13. Birthplace Maryland	Other conditions
13 Bidholace Maryland	
置 14. Maiden name Lillian Simms	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
14. Maiden name Lillian Simms 15. Birthplace Maryland	Oate of op.
16. Informant Deceased	Aotopsy resolts
	PHYSICIAN: Please ooderlice the caose to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Buriel (Burial, cremation, or removal, Which?) Bate thereof July 2 4, 1, (mogth) (day) (s	Accident, suicide, or homicide
Cemetery or crematory MMA Author (magni) (1239) (1	Where did Injury Occur?
Cemetery or crematory.	Where did injury occur? (City or town) (Coonty) (State)
Location Mes por ma'	lnjured at home, farm, industry, public place (where?)
18. Funeral director Miss Katye R. Williams	Means of Injury Injured at work?
Address 322 M. Olive des. SE	23. SIGNATURE Ruley Doffmann. D.
19 July 21 19 48 alberta. Swa	
19. July 21 19 48 allers [Save	Registrar Address Henryton, Maryland Date signed 7/21/48

Deputy Local



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V		1	N	0

			CERTIFICA	TE OF DEATH Reg. Dist. No	74
1. PLACE OF DEATH: county				(If outside city or town limits, write RURAL and give street No	nearest town)
0.(0) 1022 1111		ene Vi	rginia Lamber		, , , , , , , , , , , , , , , , , , , ,
4. Sex	5. Color or race	6.(a)Sing	Lrginia Lamber le, married, widowed, or divorced	MEDICAL CERTIFICATION	- 4
female	col	1	arried	_ 20, DATE OF DEATH July 10 19.48	3, at8.;Q.Q n
7. Birth date of		6.	Lambert yes	21. I CERTIFY that death occurred on the date above stated; that I attended de July 6 19. 48, to July and that I last saw h. E. alive on July 10.	10 19 48
deceased (mo., day,		y 28,	it less than one day	Immediate cause of death	
20	11	12	hrs mi	Pulmonary Tuberculosis	Jan. 1948
9. Birthplace Naryland (Town, county, and state) 10. Usual occupation Domestic 11. Industry or business 12. Name William T. Price 13. Birthplace Maryland			Υ	Other conditions	
		Sewell		(Include pregnancy within 3 months of death)	
H 14. Maiben name	100 m 100 m 200 m	T, Not 18 H. Not only sales		Major findings of operations	
14. Malden name Elnora Sewell 15. Birthplace Maryland 16. Interment Father-Mr. Villiam T. Price Address Varwick, Maryland 18. Eurial cremation, or removal Which? Cemetery or cremitery Maryland 18. Funeral director Cacil Co. Mg. Address Commission Cacil Co. Mg. Address Commission Cacil Co. Mg. 19. July 10 19 48 (Date rec'd by registrar) Local Deputy Registrar			red feel 14, 194 feel (gar) (year) Co: Mg. LANGE AND	Actopsy results. PHYSICIAN: Please ooderline the caose to which death shoold be charged. 22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide	ed statistically.

FOR BINDING RESERVED MARGIN NFADING INK. Supply every item of information carefully. The cont. Physicians: please write the causes of death clearly and legibly

PLAINLY, WINE UNF is especially important.

PLEASE WRITE

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CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COURTY	State Maryland County
City or town Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 month, 21 days	City or town Baltimore - 1- (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1115 Shields Place
Maryland Tuberculosis Sanatorium	(If rural, give LOCATION)
How long in hospital or institution? Colored Branch	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
WILLIAM BEN MARKS	220-01-3032
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Married (Sep.)	2D. DATE DF DEATH July 30, 19 48 at 7:35A.
6.(b) Name of husband or wife Dorothy Marks	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	June 9, 19 48 July 30, 48
7. Birth date of Tanlar 37 7010	and that I last saw h im alive on July 30 ts. 48
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Pulmonary Tuberculosis Sept.,
35 11 29hrsmin.	1947
g. Birthplace Miami, Florida (Tewn, quunty, and state)	Due to
(Town, county, and state)	
10. Usual occupationLaborer	Due to
11. Industry or business	
E 12 Name Willie Henry Marks	Other conditions
13. Birthplace Virginia	
	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Date of op
16. Informant Deceased	Autopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1) 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Aut Zione Cernity	Where did injury occur? (City or town) (County) (State)
AAA (MAM) I	Injured at home, tarm, industry, public place (where?)
Location	
18. Funeral director MARS / Late R. Williams	nicetio of mjury
Address 322 n. Albruder St	23. SIGNATURE Calcell Boffman m. D. or other
ts. July 30, ts 48 Deputy, Local Registrar	Address Henryton, Maryland Date signed 7-30-48
(Date rec'd by registrar) Deputy, Local Registrar	Address Date signed

FOR BINDING RESERVED MARGIN PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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AUG 2 1948

BUREAU V. S.

98		s St., Baltimore
Tree t	CERTIFICAT	E OF DEATH Rog. Diat. No. 7
regible.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborth frants rive residence of mother) State
carefully arly and	How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or ignitionin?	(If outside city or town limits, write RURAL and give nearest town) Street No
information of death cle	3. (a) FULL NAME	3. (b) Social Security Number
of of ses	4. Sex 5. Color or race 6.(a) Single, married, vidowed, or divorced.	MEDICAL CERTIFICATION 20. DATE OF DEATH
BIN it it the	6.(b) Name of husband or wife	21. I CERTIEV that death oppured on the pite above stated: that I attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 1
VED FOR Supply everease write	deceased (mo., day, yr.) 8. AGE: Years Months Days if less than one day 1. Months Days if less than one day 1. Months Days if less than one day	Immediate cause of death
ESERVINK. Suns: ple	9. Birthplace (Town, Jounny, and state)	The toler of the suppose the
N F	10. Usual occupation	Due to Alling I eller Jus Syra

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13. Birthplage

14. Maiden nai 15. Birthptace 14. Maiden name

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18. Interman Address Cemetery or crematory

18. Funeral director Address

23. SIGNATURE Address

Injured al home, farm, Industry, public place (where?) injured at work? Meens of injury

PHYSICIAN: Please anderline the cause to which death should he charged statistically.

(Include pregnancy within 8 months of death)

22. VIOLENCE: It death was due to external causes, till in the tollowing;

(City or town)

Accident, suicide, or homicide.....

Where did Injury occur?

(County)

(State)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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leg.	Dist.	No	

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County (If outside city or town limits, write RPRAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Ma. County Garroll City or town Management Valley (If outside city or town limits, write RERAL and give nearest town) Street No. Runal Wallmander (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME James martin mo	Hett 3. (b) Social Security Number
4. Sex 5. Cold or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH. #1.30/P.
8.(b) Name of husband or wite Hester Eurstry 6.(c) If alive, give age 6.2 years 7. Birth date of deceased (mo., day, yr.) Stout 1866	21. I CERTIFY that death occurred on the date above stated; that battended deceased from 19. 47. to 19. 48. and that I last saw horses alive on 19. 48. Immediate cause of death 19. 48.
8. AGE: Years Months Days If less than one day Caboul & 2	Immediate cause of death of the second of th
9. Birthplace	(Several)
12. Name Field moffett 13. Birthplace M. C.	Other conditions
14. Maiden name & ysthia Barner 15. Birthplace 16. Birthplace	Major findings of operations
Address Pleasant Valley, Md.	Autopay results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof. 3.25 - 1948 (month) (day) (year) Cemetery or crematory. 5.25 - 1948 Cemetery or crematory. 5.25 - 1948	Accident, suicide, or homicide
Location milligan, Carles Go. Lenn.	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral director. A Bandan Tord; Address Westminster, and; 19. (Date, rec'd by fregistrar) 18. Funeral director. A Bandan Tord; (Date, rec'd by fregistrar) Registrar	23. SIGNATURE SECURITION M. D. or other M. Or

PLAINLY, WITH UNFADING INK. Supply every item of information carefull sespecially important. Physicians: please write the causes of death clearly and

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JUL 26 1948

BUREAU V. S.

07133

			CERTIFICA	ATE OF DEATH	Reg. Diat. No	74
1. PLACE OF DEATH: County Carroll City or town. Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryto How long in hospital or institution?			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of the state Mary Land City or town Baltimore (If outside city or town lime street No. (152 W. Cross (15 cural, give 2.(a) If veteran, name war.	of mother) County	nearest town)	
77171801	To: Suppl	Villia	m Montgomery		252-18-959	93
4. Sex 5	Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL (CERTIFICATION	i de la companya de l
6.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.)	Oatobo	6.(0	e) If alive, give age	and fhaf I last saw h 1 malive on U.	• 48 • July 2 Ly 20	0 19 48
8. AGE: Years	Months 9	Days 8	if less than one day	Pulmonary Tubere		
Sumter, S. Carolina 9. Birthplace (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business 12. Name James Montgomery 13. Birthplace Unknown			itste)	Due to		
15. Birthplace	nknown	2 50115		Major findings of operations		
16. informant	Psmvi removal. Which?	erton	Brown So	Antopay results. PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external accident, suicide, or homicide	which death should be charge causes, fill in the following; 	ed statistically.
Address / 63 July 20 19. (Date rec'd by regis	7W M	onte	mey St	23. SIGNATURE / Cellen /	И. І). or other d. 7/20/48

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UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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07130

CERTIFICATE OF DEATH

eg. Dist. No. 74

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME)	
county Captroll	2000	Janott
City or town	15	ounty Have
How long in above place of death? Lisse March 22. 1923	City or town	The write RURAL and give nearest town)
Hospital institution, or street address where death occurred:		
Througheld St. Rosp	Street No. (If rural, giv	ve LOCATION)
How long in hospital of Institution? 25 years 3 mansh 10 day		
3. (a) FULL NAME Murphy, Martha		3. (b) Social Security Number
4. Sey 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL O	CERTIFICATION
female white single	1 0	3 1848 a13:00 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date a	
	march 22 1	23 to July 3 1948
7. Birth date of not exact the har area 2 8 h	and that I last saw h la alive on le	ly 2 1 1 18 42
deceased (mo., day(yr.)	Immediate cause of death.	DURATION
8. AGE: Years Months Days It less than one day	Deneralized artelia	eclessis 18 ms.
80hrsmin.	myospidial de	aemeration ?
9. Birthplace Garrett County Md.	Due to.	
(10 mi, county, and active)	V	
10. Usual occupation. Rouse	Due to	
11. Industry or business	4	4
12. Name	Other conditions Mental Och	licency Life
12. Name		The state of the s
	(Include pregnancy within 3	months of death)
14. Malden name L	Major findings of operations	
₹ 15. Birthplace		Date of op
16. Informant Brother: Gilbert Murphy	Autopsy results	
Address Western post, Md.	PHYSICIAN: Please noderline the cause to	which death should be charged statistically.
8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: If death was due to external co	auses, fill in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremator Springfield Hospital Cem.	Where did Injury occur?(City or town)	
Demetery of crematury of the same of the s		
Location Sylvande //a	Injured at home, farm, Industry, public place (
18. Funeral director. Costany Weer	Means of Injury	Injured at work?
Address Sypessible Md.	22 CIONATINOS POSO DE XX.	Marshall M.D.
19 July 5 19 48 OHarry Year	S. SIGNATURE STATE OF	to 11 Ho M. D. or other
Date rec'd by registrar) Registrar	Address Rungfield)(a	Charles Date signed 7 /3 /4 8

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

07134

z. Dist. No. 26

	Reg. Ditt. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED. (For sewborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County and
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
mashery	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Clarence Norma	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m W. momes	20. DATE OF DEATH July 30 19 48, 1 4:30
6.(b) Name of husband or wife Usola	21. I CERTIFY that weath occurred on the date above stated: that I attended deceased from
6.(c) If alive, give ageyei	19 10
7. Birth date of	and that I last saw halive on
deceased (mp. day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Coronary accusion
about 60	nin.
Fallimore Ma	Due to.
9. Birthplace (Town, county, and state)	SUE (V.
1D. Usual occupation of January	Due to.
11. Industry or business	Due to.
= 12. Name // sluony //ones	Dther conditions
13. Birthplace Mhnnm	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
14. Maiden name	Date of op
(Homes Maries	Actorsy results.
16. Informan 19,551 Armoles 1 1 131 1 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 173 G G F Freducy St Chily 1910	22. VIOLENCE: If death was due to external causes, fill in the following:
17 July 1 Bate thereof 8/3/48	Accident, suicide, or homicide
(Burial, cremation, or removal Winch?)	
Cemetery or crematory	Whers did Injury occur?
Location Watterney MACO	Injured at home, farm, Industry, public place (where?)
Millian John Day?	Means of injury Injured at work?
18. Funeral director	
Address 12/1 Done of	- March Peput Me Lead by and
2 2 1/8 0 -1 1	23. SIGHLED E. M. D. or other
19. May 3 19 To U. M. Hellie	Total Westernet Mrs Bate signed 7/38/

MARYLAND STATE DEPARTMENT OF HEALTH

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/	14 20	
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Supply every item of information carefully. The please write the causes of death clearly and legicity LAINLY, WITH UNFADING INF especially important. Physicians:

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2411 N. Charle	s St., Baltimore
CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanty give residence of mother) State County County City or town (If dutside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LCCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME Hewres Printers H	3. (b) Social Security Number
1. Sex 5. Color or race 6. (a) Single, married, widowed, or divorged was less thank the second or divorged	MEDICAL CERTIFICATION 20. DATE OF DEATH. 9 wy 3 19 48 21 7 43 /
6.(b) Name of husband or wife March S. (c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45 , to 9.45 3 19.45
7. Birth date of deceased (mo., day, yr.) 100 24 - 1878	and that I last saw halfful alive on 19.75. Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Cardiae Failure due To Due to Apertensine Cardia Pascular disease
11. Industry or business: 12. Name Parist 13. Birthplace Many Can d 14. Maiden name Parist Can d 14. Maiden name Parist Can d 15. Name Parist Can d 16. Maiden name Parist Can d 17. Name Parist Can d 18. Maiden name Parist Can d 19. Maiden name 19. Maiden name Can d 19. Maiden name	Dither conditions
15. Birthplace Mary Canal	Date of op.
Address Saw Windson Med A ho	Autopsy results
17. (Burist, eremation, or remytal) Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or cremetory Apollows Alf And Andrew Location Andrew Live of Manager Andrew Location Live of the Company of the Compa	Whera did injury occur?
18. Funerat directork links Hartster & Sons Addresser Budge & Hew Workson, Md	Means of Injury Injured at work? 22 SIGNATURE Merrit & Maherloon
19 Let 3 1948 Em & Budd Registrar)	Address New Windsor M. D. or other Address New Windsor M. Date signed s

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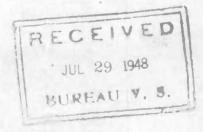
BUREAU V. S.

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WARNIAND CTATE DEPARTMENT OF MEALTH

2411 N. C	ATE OF DEATH ATE OF DEATH Reg. Dist. No
County Rural Westminster City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a), FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
HERBERT A. PIC 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married 6.(b) Name of Aveband or wite Belva Pickett 6.(c) It alive, give age 59 7. 8 irth date of Tally 3 1890	2D. DATE DF DEATH
Receased (mo., day, yr.) Starty S	Immedia couse of death one ania - 6 400
Taylorsville, Carroll Co. Md. 18. Funeral director Address 19. 7-26- (Date ree'd by registrar) C. M. Waltz Winfiel d, Md.	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work? 23. SIGNATURE M. D. sother 7/27-1/16



07137

	Charles St., Daltimore
CERTIFIC	CATE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: 00	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
County	2. A. Marian Mondal
(If outside city or town limits, write RURAL and give nearest town)	State County State
How long in above place of death? 7 wook., 13 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	Street No. 617 montgowly N.
I fringfield State Hospital	(If rural, give LOCATION)
How long in habitation institution? 7. Mos.,	2.(a) It veteran, name war
3. (a) FULL NAME Policy Presport CORAC	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	CE LILLIAN PIERPONT) None
	1 0 00 110 000.1
MARRIED	20. DATE OF DEATH July 27 19 48 215:30 A.
6.(6) Name of husband or wife William Mertinley corpora	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	years 27, 19 47, 10, July 27, 19 41
7. Birth date of deceased (mo., day, yr.) Aug. 29, 1894	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
53 10V 28hrs.	min. Pulmonary tuberculosis 2 yrs.
Baltimore, Ind.	Busto a March a distribution of the state of
(Town, county, and state)	Involutional psychosis 9 mon
10. Usual occupation Youslweff	Due to
t1. Industry or business	
12. Name William Berswanger	Other conditions
	(Include pregnoncy within 8 months of deeth)
# 14. Maiden name Wery Wrenn	Major findings of operations.
14. Malden name Mery Wrenn 15. Birthplace Maryland	major maduge of operations. Date of op.
16. Interment Hospital records	Actory results
	PHYSICIAN: Please onderline the caose to which death should be charged statistically.
Address 7/29/48	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Bate thereot (month) (day) (year	
Cemetery or crematory. Woodlawn Cemetery	Where did Injury occur?
Baltimore, Md.	injured at home, farm, Industry, public place (where?)
Location HENRY SANDER & SONS, INC.	Means of injury tojured at work?
NORTH AVE & BROADWAY	0 11 21 9010 10 110
Address Address	123. SIGNATURE DEEPER H. VVIIIIELY, M. D.
19. 7/29 19 45 At 10. Hed	Springlio Al State Haskitel M. D. Grother 7/22/4
(D. t 17th - February)	istrar Address Bate slened

Registrar Address Address

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

/ CERTITION	Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
How long in above place of death? More resident Hospital, Institution, or street address where death occurred:	(if outside city or town limits, write RURAL and give nearest town) Street No
How long in hospital or Institution?	2.(a) It veteran, name war
3.(a) FULL NAME JOHN E. P	oole 3. (b) Social Security Number
4. Sex 5. Cotor or race 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE DE DEATH July 24 19 48 21 6 P
6.(b) Name of husband or wife / ferrietta Powell 6.(c) It alive, give age Z. years 7. 8irth date of deceased (mp. day, yr.) / June 12 1877	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. Capacital 19.49 to July 24 19.48 and that I last saw h. M. alive on July 19.48
8. AGE: Years Months Days It less than one day 1	Immediate cause at death, acute 9 Leant Failure DURATION Congestine Deant Failure
9. Birthplace	anteriorialisti Heart Disease 4 mg
11. Industry or business Farmer 12. Name Welliam Powle 13. Birthplace Md	Dther conditions
14. Maiden name Jennie 1-fall med.	(Include pregnancy within 3 months of death) Majur findings of uperatiums
16. Interment Mrs John Peroles Address Slin Roych Pa	Autupsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereot July 28/948 (Buriul, cremation, or removal. Which?)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cemetery or crematory. Western Location	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director Hereite Rock Va.	Means of Injury Injured at work? 111 7d. Fr ward. M.D.
19. July 25th 1948 Also. H. P. J. Dewer Registrar	Address Manchester, Md Date signed July 24

AUG 2 1948.

2411 N. Charles St., Baltimore

07139

CEDTICICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No. 12
1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3Yrs. 9 Mo,s. 24 days Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Colored Branch	State Maryland County Gity or town Baltimore-1 (If outside city or town limits, write RURAL and give nearest town) Street No. 508 W. Hoffman Street (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Eugene Roberts	3. (b) Social Security Number 213-01-2313
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced male Col. single	MEDICAL CERTIFICATION 20. DATE DE DEATH JULY 30. 19.48
s.(b) Name of husband or wife	20. DATE DF DEATH CLLY 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 6. 19. 44 10 July 30 19. 48 and that I last saw h im alive on July 30 19. 48 Immediate cause of death DURATION
8. AGE: Years Months Days tf less than one day 45 11 12 hrs.*min.	P ulmona Ty Tuberculosis June 1
S. Birlhplace Oxford, N. Carolina (Town, county, and state) 1D. Usual occupation. 11. Industry or business 12. Name Clem Roberts 13. Birthplace N. Carolina	Due to
14. Maiden name Mary Liza Johnson 15. Birthplace N. Carolina 16. Informant Deceased	Major findings of operations
Address 17.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

S. Supply every item of information carefully. The please write the causes of death clearly and legibles RESERVED FOR BINDING MARGY PLAINLY, WITH UNF is especially important.

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

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MARYLAND STATE DEPARTMENT OF HEALTH

07140

CERTIFICATE OF DEATH

			CERTIFIC	CATE	OF DEATH	Reg. Dist. No	74
1. PLACE OF DEAT.					2. USUAL RESIDENCE (HOME) ((For newborn infants give residence o		
City or town Henry (If outs) How tong in above place of	ton, ide city of town death? 19	arylar days	URAL and give nearest town	1)	state Baryland Ci City or town Baltimore (If outside city or town limi	ounlyits, write RURAL and give ne	
Hospital, institution, or str	Cubercu	losis	Sanatorium Branch, Henry		Street No. 808 E. Lexin (If rural, giv	ve LOCATION)	./
3. (a) FULL NAME						3. (b) Social Security 256-10-4	
4. Sex 5	Color or race	8.(a)Singi	berts e, married, widowed, or divorced	11	MEDICAL C	CERTIFICATION	0.07
male	col	5	Single		20. DATE OF DEATH July 51		8:40
			c) If ative, give age	J	21. I CERTIFY that death occurred on the date a	48, to July	5 48
7. Birth date of				,cais	and that I tast saw h	luly 5	1948
deceased (mo., day, yr.)		er 6,	1919 It less than one day		Immediate cause of death		
8. AGE: Years 28	Months 8	9	hrs.	min.	Pulmonary Tubercu	losis	1948
9. Birthplace Maryland (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business				Due to			
		ts			Other conditions		
		ian Ur	nknown	- 11	(Include pregnancy within 8		
\$ 15. Birthplace UI	nknown					Date ot op,	
16. Informant Deces	sed				Autopsy results	which death should be charged	statistically.
Address 17 Garage Date thereof (month) (day) (year)		ar)	22. VIOLENCE: If death was due to external c	Date of			
Cemetery or crematory.	Ball	issu	e city mon	0 ,	Where did Injury occur?(City or town		(State)
Location & altumore of a land			0/ 1	Injured at home, farm, Industry, public place (***************************************	
			ly	Meens of Injury	Injured at work?		
Address 5 78	W. 1	Brole	the Sheet	01	23. SIGNATURE Rocher To	Defman, m	or other
19. July 5 (Date rec'd by regis	trar) LOC	al Der	out v Re	egistrar	Address Henrton, Mary		7/5/48

JUL 12 1948

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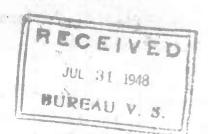
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MARYLAND STATE DEPARTMENT OF HEALTH

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		m
D.	- Dist No	1/

9. Birthplace Carlisle, S. Carolina 10. Usual occupation. Laborer 11. Industry or business Example Carlisle Carlisle Carlisle Carlisle Carlisle, S. Carolina Due to		TE OF DEATH Reg. Diat. No	74
George Sabb 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male Col. Married 5. (b) Name of husband or wite. Alma Sabb 5. (c) Halive, give age 22 years deceased (mc. day, r.) 8. AGE: Years Months Days Hess than one day Fulmonary Tuberculosis Durari 9. Birthplace Carlisle S. Carolina Crown, county, and state) 10. Usual occupation Laborer Due to 11. Industry or business Mose Sabb Due to 12. Name Mose Sabb Major findings of operations Major findings of operations Major findings of operations Dale of op. Address Address Address Address Address Address Miles through of divorced MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION Dale of windows MEDICAL CERTIFICATION MEDICAL CERTIFICATION Dale of windows Dal	County Carroll City or town Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 month, 27 days Maryland or circet address where death occurred: Maryland Tuberulosis Sanatorium	State Mary land County	rest town)
male Col. Married 8.(b) Name of husband or wite. Alma Sabb 5.(c) If alive, give age 22 years deceased (mo., day, yr.) 8. AGE: Years Months Days Hess than one day 27 2 21 hrs. min. 9. Birthplace Carlisle, S. Carolina (Town, county, and state) 10. Usual occupation. Laborer 11. Industry or business 12. I Ame Mose Sabb 13. Birthplace (unknown) 14. Maiden name. Sallie Briggs 15. Birthplace Carlisle, S. Carolina 16. Informant Peaceased Address Address Again All Americans of operations. Actiopsy results. Physicians: Hease underline the cause to which death should be charged statistically. 20. DATE OF DEATH July 29 15. BETHY that death occurred on the date above stated; that I attended deceased from June 2, 12 48, 14 July 29 19. DATE OF DEATH July 29 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 2, 12 48, 14 July 29 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 2, 12 48, 14 July 29 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 2, 12 48, 14 July 29 22. July 20. DATE OF DEATH July 29 23. DATE OF DEATH July 29 24. All Hat death occurred on the date above stated; that I attended deceased from June 2, 248, 14 July 29 24. DATE OF DEATH July 29 25. DATE OF DEATH July 29 26. DATE OF DEATH July 29 27. La Sirth date of occurred on the date above stated; that I attended deceased from June 2, 48, 14 July 29 28. AGE: Years Months of July 29 29. DATE OF DEATH July 29 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 2, 48, 14 July 29 20. DATE OF DEATH July 29 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 29 20. DATE OF DEATH JULY 29 21. Learn IF The Action of July 29 22. July 20. DATE OF DEATH July 29 23. DATE OF DEATH July 29 24. DATE OF DEATH July 29 25. DATE OF DEATH July 29 26. DATE OF DEATH July 29 27. Learn State of Carlisla State of Carlisla State o		3. (b) Social Security	Number
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 27 2 21 hrs. min. 9. Birthplace Carlisle, S. Carolina (Town, county, and state) 10. Usual occupation. Laborer 11. Industry or business 12. Name Mose Sabb 13. Birthplace (unknown) 15. Birthplace Carlisle, S. Carolina 16. Informant. Sallie Briggs 16. Informant. Heaceased Address 17. Birth date of deceased (mo., day, yr.) And that I last saw is im alive on July 29 (DURATH DURATH DURAT	male Col. Married		, 9:15 A
8. AGE: Years Months Days If less than one day 27 2 21 hrs. min. 9. Birthplace Carlisle, S. Carolina 10. Usual occupation. Laborer 11. Industry or business 28 12. Name. Mose Sabb 13. Birthplace (unknown) 29 14. Maiden name. Sallie Briggs 10 15. Birthplace Carlisle, S. Carolina 10 16. Informant. Meaceased 11. Informant. Meaceased 12. Address 13. Birthplace Carlisle, S. Carolina 14. Maiden name. Sallie Briggs 15. Birthplace Carlisle, S. Carolina 16. Informant. Meaceased 17. Aotopsy results. Physician: Please underline the cause to which death should be charged statistically.	7. Birth date of May 8, 1921	June 2, 19.48 July 29 and that I last saw i im alive on July 29	19 48
9. Birthplace Carlina (Town, eounty, and state) 10. Usual occupation. Laborer 11. Industry or business 21. Name Mose Sabb 22. Name Sallie Briggs 13. Birthplace (unknown) (Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Date of op. Address Address 22. VIOLENCE: If death was due to external causes, fill in the following:	8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis	Jan.
14. Malden name Sallie Briggs Major findings of operations	1D. Usual occupation. Laborer 11. Industry or business		1948
Actors Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following:		Major findings of operations.	,
22. VIOLENCE: If death was due to external causes, fill in the following:	16. Informant Peaceased	Actors results	statistically.
Cemetery or crematory Location Location Address 9/6	17. (Burial, cremation, or removal. Which?) Cemetery or crematory. Location	Accident, suicide, or homicide	(State)



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JUL 19 1948

WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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07143

CERTIFICATE OF DEATH

Reg. Diat. No. 74

1	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carroll	State Maryland County
City or town Sykesville (If outside city or town limits, write RURAL and give nearest town)	Daltimana
How long in above place of death? 14 yrs., 2 mos. 23 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	418 S. Oldham Street
Springfield State Hospital	(If rural, give LOCATION)
How long in hospital or institution? 14 yrs., 2 mos., 23 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
GEORGE SCHATZSCHNEIDER	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W SINGLE	20. DATE OF DEATH July 21 19 48 , 21/0:33/F
6.(b) Name of husband or wife	
	and that I last saw halive on
deceased (mo., day, yr.) April 15, 1914	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Topolopay
34 3 5mirsmir	1.
9. Birlhplace Maryland (Town, county, and state)	Due to
(10wh, county, and state)	
10. Usual occupation Housework	Due to
11. Industry or business at home	
E 12, Name George Schatzschneider	Other conditions
12. Name George Schatzschneider 13. Birthplace Maryland	
	(Include pregnancy within 3 months of death)
14. Maiden name Florence Childs 15. Birthplace Maryland	Major findings of operations
\$ 15. Birthplace Maryland	
16. Informant Mrs. Florence Schatzschndier	Antopsy results.
Address 418 South Oldham Street, Baltimore	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Durant assertion or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Movalawa Cem	Where did injury occur?
Ballimore Ma	Injured at home, farm, industry, public place (where?)
Location	Means of injura
18. Funeral director	1 1 4 91
Address 1217 St, Paul St.	- Mand Offerty Thedread Cexamin
1. de 22 118 Others House	M. D. or other
19. (Date reed by registrar) Registrar	ar Address Waluus Ph Date signed 14/4

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JUL 27 1948

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infarms give residence of mother)
County	State Man Carel County Carvel
City or town	1 1
How long in above place of death? 51945.	(If outside city of town limits write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Erama Rinehart S-	hoffer () 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W. Widow.	20. DATE OF DEATH 13 19.48 at 1 P.19
How a Sheller	21. I CERTIFY the Leath occurred on the date above stated; that (attended deceased from
6.(b) Name of husband or wife	July 10 1848 10 July 13 10 48
7. Birth date of S. (c) if alive, give the years	and that I last care and alive on
deceased (mo., day, yr.) R ACF. Years Months Days If less than one day	Lamediase cause of death) DURATION
6. AGE.	enbul / lumbage 3 days
74 2 10hrsmin.	The state of the s
9. Birthplace(Town, county, and state)	Due to blive Selvente Care
10. Usual occupation none	Caecha delas
11, Industry or business ()	Due to
12. Name Samuel Cuchart 13. Birthplace Oliver Contact	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Cherine markle 15. Birthplace York Coppe	Major findings ol operations.
15. Birthplace Jack of de.	Date of op.
16. Informant Chiff	Antopsy results
Address Limbors, tond	
17 Berrial Bale thereof 7/17/48	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, comation or removed. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or	Where did Injury Occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Hall Wilm	Means of Injury Injured at work?
Address Glen Rol. Po Hospey	I WAS IN VINO
I have be said to the said	23. SIGNATURE M. D. or other
19. (Dite rec'd by registrar)	Address / Secures stad malate signed 7-13-48
(Afre 1cc h la veRioriar)	Mulicoo Million of Mil

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legi

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JUL 21 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

17 1%.

1. PLACE OF DEATH: County	CERTIFICA	Reg. Dist. No.
City or town Sykeaville. (If cutside city town limits, write RURAL and give nearest town) How long in above place of death? Springfield State Hospital How long in haspital estimates where death occurred: Springfield State Hospital How long in haspital or institution? Springfield State Hospital George Sherman 4. Sex George Sherman 4. Sex George Sherman 5. Color or race White Widowed Sk(e) It alive. For age Widowed Sk(e) Hame of husband or wite. Many Sk(e) It alive. For age Sk(e) Name of husband or wite. Sk(e) It alive. For age Sk(e) Name of husband or wite. Sk(e) It alive. For age Sk(e) Name of husband or wite. Sk(e) It alive. For age Sk(e) It alive. For age Sk(e) Name of husband or wite. Sk(e) It alive. For age Sk(e) It alive. For a	1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Street No. Alego Park Heights Avenue	City or town Sykesville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 6 months 1 day	Baltimore
3. (a) FULL NAME George Sherman 4. Sex S. Color or race Male White Widowed, or divorced White Widowed, or divorced White Widowed 6. (b) Name of husband or wife. See Steel	Hospital, Institution, or street address where death occurred: Springfield State Hospital	Street No. 4120 Park Heights Avenue
4. Sex		2.(a) If veteran, name war
male white Widowed 6.(c) Hame of husband or wife Many 6.(c) Halive laye age years deceased (mo. Mr. 11		3. (b) Social Security Number
20. Bare of bushand or wife. Many C. S. C. Haire of eage. See the state of the state above states that I attended deceased from July 28 19.4%. 8. AGE: Tears Months Days Hess than one day 75 Months Days Hess than one day 75 Months County, and state? 9. Birthplace Dall (Town, county, and state) 10. Usual occupation. Grandener 11. Industry or business. 12. Name Description of the date above states; that I attended deceased from July 28 19.4% and that I last saw h. Im. alive on July 28 19.4	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. Birth date of deceased (mo. Gry fir 2 1873 8. AGE: Years Months Days If less than one day 9. Birthplace Oald (Town, county, and state) 10. Usual occupation. Gardener 11. Industry or business 12. Name Oald (Town, county, and state) 13. Birthplace Oald (Include pregnancy within 3 months of death) 14. Maiden name May Mayor findings of operations. 15. Birthplace Oald (Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Major findings of operations. Date of op. Autopyr results PHYSICIAN: Please underline the cause to which death about the charged statistically. 22. Victorial, cremation, or reprosed Whish?) Cemetery or crematory (Additional County) (State) Location (Mayor findings) (County) (County) (State) Injured at home, farm, industry, public place (where?)		20. DATE OF DEATH
8. AGE: Years Months Days It less than one day 9. Birthplace Dall (Town, county, and state) 10. Usual occupation. Gardener 11. Industry or business 12. Name Dall (Town, county, and state) 13. Birthplace Dall (Town, county, and state) 14. Maiden name Dall (Major findings of operations) 15. Birthplace Gardener 16. Informant Springfield State Hospital records Address Sykesville, Maryland 17. (Burial, cremation, or reproved, Which?) 18. Cemetery or crematory All (Major) (day) (year) Cemetery or crematory (City or town) (County) (State) Location All (Major findings) of injury data to me, farm, industry, public place (where?) Mass of injury Injured at home, farm, industry, public place (where?)	& (c) It alive (eve age year	January 27 1948 to July 28 19.
11. Industry or business 12. Name	8. AGE: Years Months Days If less than one day	Immodiate cause of death Tuberculosis 2 yr
11. Industry or business 12. Name	9. Birthplace	disease
12. Name		Due to
(Include pregnancy within 3 months of death) 14. Maiden name 15. Birthplace 16. Informant Springfield State Hospital records Autopsy results PHYSICIAN: Please underline the cause to which death about be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 17. Cemetery or crematory (Allient County) (day) (year) Cemetery or crematory (Allient County) (State) Location (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	E 12. Name Vety Skerman	V (
Autopsy results. PHYSICIAN: Please underline the cause to which death aboutd be charged statistically. PHYSICIAN: Please underline the cause to which death aboutd be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of		
Address Sykesville, Maryland 17. Succession, or removed. Whish: Cemetery or crematory (all 1997) Location (all 1997) Location (all 1997) Date thereof (mynich) (day) (year) PHYSICIAN: Please underline the cause to which death about doe charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	15. Birthplace Ballo Mo.	
Address Sykesville Maryland 17. Contain, cremation, or removed. Which: Cemetery or crematory Contains a contain the contained and the contained at the contai		Autopsy results
Cemetery or crematory Call Where did Injury occur? (City or town) (County) (State) Location are did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	1 // 10	22. VIOLENCE: If death was due to external causes, fill in the following;
Means of injury Injured at work?		
	CJ-6-16 () and . 1/	···
Address 322 A. High S. 19 July 29 19 48 C. Heren Zilcze (Date rood by registrar) Address. Sykesville, Maryland Date signed. 7/28/48	Address 322 A. High fl.	23. SIGNATURE Joseffe N. Mushell M. D. or other Springfield State Hospital M.D. or other 7/28/



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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07147

CERTIFICATE OF DEATH

Reg. Dist. No. 74

<u> </u>	
A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Carroll	(For newborn infants give residence of mother)
City or lown Sykesville, (If outside city or town limits, write RURAL and give nearest town)	State Maryland County
How long in above place of death? Since March 13, 1948	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	7
Springfield State Hospital	Street No
How tong In hospital or institution? 3 months days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Elizabeth Sullivan	
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white Widow	20. DATE OF DEATH July 14 1948 at 7:25 A.M
6. Daniel Francis Sullivan	21. I CERTIFY that death occurred on the date above stated, that I attended deceased from
(deceased) 6.(c) If alive, give age years	March 13 19 48 10 July 14, 19 48
2 2 1962	and that I last saw h A alive on July 13 1948
deceased (mo., day, yr.)	Immediate cause of death OURATION
o. Auc.	Deneralized arthribsclerosis ?
84 11 / 11hrsmin.	J A A
9. Birthplace Maryland unty, and state)	But Myscardial algentation ?
	A
10. Usual occupationHouseker	Due 10
11. Industry or business	Λ
John Keating In 12. Name John Keating Ireland	Other conditions Seriele Asychosis 16 mas.
13. Birthplace Ireland	
	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Date of op.
16. Informant Hospital Records	Autopsy results
Address Sykesville, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
2/5/	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, eremstion, or regnoval, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory S. J. Francis	Whers did injury occur?
almedon mar parell	Injured at home, farm, Industry, public place (where?)
LOCATION COLON TO THE STATE OF	Meens of injury Injured at work?
18. Funeral director J. D. Way &	1 1 1 1 1 1 1 1 1 1 1 1 1
Address Wurden Maryland	hose bl. N. Marshell. M. A.
J. D. 21 110 Ostores Hoor	23. SIGNATURE AND OF A COUNTY OF THE COUNTY
19 July 2 19 48 CHany / Len / Registrar Registrar	Address Juling field Stale Hospital, Date signed 7/14/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Diat. No. 7

1. PLACE OF DEATH:	Z. USUAL RESIDENCE (HOME) OF DECEASED: (For rewhorn infants give residence of mother)	
County.	0 0 10	P-7
City or town (If outside city or town limps, write RURAL and give nearest town)	State Maryland County Ballmole	My
How long in above place of death? Lulo , 5 days	City or town	
Hospital, Institution, or street, address where death occurred:	11005 Carried Alia	. 40,4117
Springheld State Hospital	Street No. 7 7 (If rural, give LOCATION)	. L
How long in hospital or Institution? 1 man, 15 days		1/
	2.(a) If veteran, name war	
3.(a) FULL NAME 5 ophia Adelaide Teawalt	3. (b) Social Security Nur	nber
4. Sex 5. Cotor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
F W Widowed	2D. DATE OF DEATH July 28 19 48 21	835 P.
Randolph T. Tlawalt	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	
6.(b) Hame of husband or wife	June 2 B 19 48 10 July 28,	
	and that I las saw h. A. alive on July Jak	
1. Birth date of deceased (mo., day, yr.) Dec. 7, 1857		
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
90 7 21hrsmin.	Vulmonary tuberculokes.	mo.
9. Biripplace newcastle, Pa:	But Generalized genteriosclerosis	
(lown, county, and state)	A thrissefferation heart disease	7
10. Usual occupation Diessmaker	Due to	
11. Industry or business		
	Serile Asychosis	4-5 yrs
Ė	Dther conditions Delicities Delic	
	(Include pregnancy within 3 months of death)	
14. Maiden name	Major fiedings of operations	
S 15. Birthotace Herrany	Date of op.	
		1
16. Informant Hospital Mighas	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged stati	istically.
Address		
17 Burnel Date thereof July 31 F8 48	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or ran wal. Which?) (donth) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Townest Varks be	Where did Injury occur?	tate)
Location Taylor Co	Injured al home, farm, Industry, public place (where?)	
Location		
18. Funeral director John Ce Moles	Maans of injury injured at work?	
Address 3000 & Baltime &	22 SIGNATURE Joseph H. Marshall	1 14.8.
1 7/20 48 Busher	Chil Dle Doct 4 1/ 6.7 1 M. D. org	ther
(Date fec'd by registrar) Registrar	Address pullighted lale Northern Date signed 7.	28/48

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

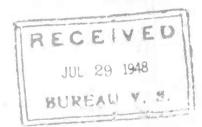
g. Dist. No. 74

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants/give residence of mother)
City or town	State County
(If outside city or and limits, write Ruttern and rive nearest town) How long in above place or death?	City or town
Hospital Institution, or street address where death occurred	Street No. 1 Stree
How long in hospital dinstitution? The Annual Transfer of the Annual	(If rural, give LOCATION)
3, (a) FULL DAME	3. (b) Social Security Number
anna 1	Kannak 3.(6) social security masser
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
grat. W. Married	20. DATE OF DEATH. 2011-05.
S.(b) Name of husband or wife	21. I CENTIFY that death occurred on the date above stated; that attended deceased from
T. Birth date of	ars and that I last saw h Lative on 27 1948
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	
79m	in Certific Illummage Info
9. Birthplace(Town county, and state)	Due to
10. Usual occupation.	Due to sterio believe 1
11. Industry or businessy	
12. Name 12.	Other conditions fylles
	(Include pregnan, within 3 months of death)
14. Maiden nam Curring Arrivals 15. Birtholace Russey	Major findings of operations.
E 15. Birthflace	Date of op.
16. Información de la company	Autopsy results
Advess 2/9 A Man 1 Date	22. VIOLENCE: If death was due to external causes, fill In the following;
(Burial, cremstion, or removal, Which?) Date thereof. — 30-48 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Troly Cross	Where did Injury occur?
Location Guld md.	Injured at home, farm, industry, public place (where?)
18. Funeral director of B. Wiphers	Means of Injury Injured at work?
Address Bulant Jample - Its.	W XI of MID.
0160 18 014/ 41.	23. SIGNATURE M. Don't ther
19. (Date rold by registrar)	Address of pluste Morae signer 27/48

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PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07174)

How long in above place of Hospital, institution, or in the same of the same o	yton Mataside city of town of death? 3 1 street address where 1 Tube rc institution? Col	aryland Imits write RURAL and give nearest town) nonths 9 days death occurred: ulosis Sabatorium ored Branch, Henryton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Naryland County Anne Arundel City or town Severn (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
	Le	o Williams	217-12-7030		
4. Ser male	5. Color or race	5.(a)Single, married, widowed, or divorced Married	MEDICAL C	ERTIFICATION	A. 6:25
6.(b) Name of husband of		e Bernice Williams 6(c) Hallve, give age 32 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5 19.48 to July 14 19.48 and that I last saw h. imalive on July 14 19.48		
8. AGE: Years	Months	5, 1911 Days If less than one day 9 hrsmin.	Immediate cause of death Pulmonary Tubercu		
9. Birthplace Charles County, Maryland 10. Usual occupation Laborer 11. Industry or business 12. Name Frank Williams 13. Birthplace Unknown			Due to		***
15. Birthplace	Unknown	nknown	Major findings of operations		
Address 17	or removal, Which	ent Eplaart	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide Where did injury occur?	uses, fill in the following;	(State)
Address 19. July 1 (Date rec'd by res	22 4 19 48	Deputy Local Registrar	23. SIGNATURE Neuleau OS, Address Henryton, Mar	М. Б	7/14/48

JUL 15 1948

BUREAU V. S.

VS A15

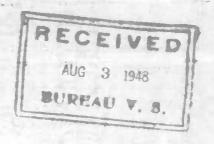
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07151

I. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Lind County Carroll City or town Little Lind County Write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME BERTHA C. WILLIAR	3. (b) Social Security Number		
Female 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Widowed	MEDICAL CERTIFICATION 20. DATE OF BEATH. MEDICAL CERTIFICATION 20. DATE OF BEATH. MEDICAL CERTIFICATION		
8. (6) Name of husband or wife Jacobs O. William deceased (acceased (b. (c) if alive, give age years of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 77 3 31 hrs. min. 9. Birthplace Frederick Co. Many Lind (Town, county, and state) 10. Usual occupation Mona 11. Industry or business 11. Name William Refer 13. Birthplace Many Land	21 TERTIFY that death occurred on the data above stated; that attended deceased from 1948. In the state of death 1948. Due to State of the state of death 1949. Due to State of death 1949. Other conditions		
14. Malden name Augustus Barnes 15. Birthplace Maryland 16. Informant Mrs. Herry Klein	(Include pregnancy within 8 months of death) Major findings of operations		
Address Mt. Air/, Md. 17. Burial Date thereof 8-2-48 (month) (day) (year) Cemetery or crematory Location MOOGVILLE, Frederick Co. Md. 18. Funeral director C. Li. Viiltz Address Vinitald, Frederick Co. Md.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		



age

PDEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corest

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore

07152

			CERTIFICAT	E OF DEATH Reg. Dist. No.	74	
1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. O9 S. Caroline Street (If rural, give LOCATION)		
3. (a) FULL NAME		Grace	Wright	3. (b) Social Securi	ity Number	
4. Sex female	5. Color or race		Wright le, married, widowed, or divorced OWed	MEDICAL CERTIFICATION 20, DATE OF DEATHJuly 13	P. 8:00 m	
6,(b) Name of husband or wife				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 19. 48 10 July 13 19. 48 and that I last saw h. er. alive on July 13 19. 48		
8. AGE: Years	Months 11	0ays	It less than one dayhrs,min.	Immediate cause of death Pulmonary Tuberculosis		
9. BirthpiacNorfolk, Virginia (Town, county, and state) 10. Usual occupationDome.stic				Oue to		
13. Birthplace G	louceste	r Co.	Virginia	Other conditions		
14. Maiden name Mary Burrell 15. Birthplace Gloucester Co. Virginia 16. Informan Deceased				Autopsy results		
Address 17. Secretary (Burial, cremation, or removal, Which?) Cemetery or crematory Location Control Cont				22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide		
18. Funeral director	3 , 48	o. M.	Silson ave Aputy Local Registrar	TT .	7.) D. or other 7/13/4	

JUL 15 1948